Annual Progress Report to the Equality Commission for Northern Ireland

On implementation of the Section 75 statutory duties from 1 April 2013 - 31 March 2014
Name of public authority (Enter details below)
Belfast Health and Social Care Trust

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S75 Executive Summary

This is the seventh annual progress report on Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order (DDO) prepared by Belfast Health and Social Care Trust.

The Trust remains one of the largest in the UK with an annual budget of almost £1.3 billion and over 20,000 staff. Belfast Health and Social Care Trust provides integrated health and social care and has defined its purpose as improving health and well being and reducing health and social inequalities. The Belfast Trust corporate plan for 2103 -2016 acknowledged that “as the largest provider, with a highly professional and skilled workforce providing local and regional services and with strong links to leading edge academic and research institutions through the Queen’s University of Belfast and the University of Ulster, the Trust is uniquely placed to deliver excellence in health and social care. The Trust’s ambition is to build on these strengths by ensuring that innovation and creativity are central to how the Trust takes forward service delivery and transformational change, using opportunities presented by technological advances and through strong working relationships with key partners and stakeholders. The Trust’s objectives can only be achieved with the help and support of the people who use our services, their families and carers, and our community, voluntary and independent sector partners.”

The Trust outlines how it is committed to working in partnership with these stakeholders in a united effort to deliver the best possible outcomes for the population. The Trust is keen to harness the skills, ideas, commitment and efforts of our own staff in achieving our vision, as well as contribute to the wider social issues related to health and social inequalities.

The Minister for Health, Social Services and Public Safety has also set out his vision for health and social care across Northern Ireland through the publication of ‘Transforming Your Care’¹. It proposes significant changes for services over the next few years and Belfast Trust need to ensure that its key objectives in the Corporate Plan are closely aligned to the strategic direction within ‘Transforming Your Care’.

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

1. Implementation of revised Equality Scheme

Work has been ongoing to implement the revised Equality Scheme – and this is largely facilitated through ongoing mandatory equality training for both managers and staff throughout the organisation. However there is a significant degree of imparting information on the Scheme and our corporate commitments through project groups and partnership working with Service and Corporate Group.

HSC Trust Equality Leads met with Senior Officials from the Equality Commission for NI on 10th December 2013. The purpose of this meeting was to discuss and share their planned approach for the:

• Review of HSC Trusts S75 Equality Schemes and associated Effectiveness Review

• Development of a new S75 Action Based Plan - aimed at tackling health and social care inequalities experienced by Section 75 equality groups (NB: this plan underpins Trusts’ Equality Schemes – and is intended to provide a focus and direction for activities over the next 3 year period i.e. 1st May 2014 to 31st March 2017)

• Development of new Disability Action Plan to coincide with the lifespan of the Trusts S75 Action Based Plan and corporate planning cycle to facilitate further mainstreaming.

Further to ECNI endorsement of the HSC Trusts’ approach, work was undertaken in early 2014 to revise the 2011 Scheme in accordance with Scheme commitments.

Having revised the Scheme, changes were minimal and were principally to update the Scheme. These changes were not material in nature (i.e. they did not in any way dilute any of the commitments in the Trust’s Equality Scheme) and as such did not require formal submission/approval on the part of the ECNI.
The amendments included changes to the demographic information gleaned from the 2011 Census, staffing numbers, budget allocation and changes in the Trust’s organisational chart. The Trust’s Equality Scheme, which was formally approved by the ECNI remains the primary focus for the discharge of the Trusts S75 Equality Duties. When the Scheme was initially approved in 2011, the Chief Commissioner, acknowledged on behalf of the Equality Commission: “the considerable efforts made by the Trust to ensure the Scheme not only fully complied with the Commission’s Guidelines, but also met the high standards of good practice”. The Scheme does however state that it was revised in April 2014 to take into account the aforementioned minor changes and to offer assurance that there was no dilution in the commitments. These amendments were communicated via a briefing paper to the Executive Team and duly tabled at Trust Board in May 2014.

2. **Updating Audit of Inequalities**

As part of the Audit of Inequalities the Trust examined an extensive range of information sources for example complaints received, customer surveys, monitoring information, research documents, annual reports, corporate plans, statistical information and health needs assessments etc. In addition, the Trust pre-consulted with a wide range of service users, service managers, voluntary groups and organisations, Trade Unions and Equality Commission for Northern Ireland amongst others in order to inform the development of this Plan.

3. **Action Based Plan – outgoing and drafting new action based plan**

The Trust has progressed its actions in the 2011-2014 action based plan to tackle Section 75 inequalities and worked in collaboration with other HSC Trusts to maximise resources and ensure consistency of approach and equality in terms of outcomes across the region.

Building on the success of previous partnership working, Trusts worked together again to develop actions for the incoming action-based plan centred on the audit of inequalities and in response to legislative developments and key programmes of work within Health and Social Care. Trusts worked to prioritise those action measures which would most impact
on inequalities and engaged with the Equality Commission for Northern Ireland at the outset. This was followed by a regional HSC stakeholder engagement event at the Skainos Centre on 26th March 2014. This event provided the opportunity to engage with organisations and individuals across the voluntary and community sector and share progress to date against the outgoing action based plan and propose actions for the 2014-2017 plan. This event featured speakers from the Equality Commission and Disability Action and the regional Equality Leads and was chaired by a Non-Executive Director from the Northern HSC Trust.


Having synchronised the timing for completion of the action based plan and the Disability Action Plan with the Corporate Planning Cycle, 2014 marked the end of the DAP 2011-2014. The Trusts worked in partnership to deliver on the actions contained in the outgoing plan and took the opportunity to showcase some of the achievements at the aforementioned stakeholder engagement event in the Skainos Centre. Input from individuals and organisations on the day helped shape the actions for the incoming plan. In addition to this event, the Section 75 action based plan and the Disability
Action Plan for 2014-2017 were issued for 12 weeks formal consultation, which ended on the 19th June. Responses from the consultation event and the entire process have greatly helped to inform the content and format of the plans.

5. **Production of quarterly screening outcome reports**

The Trust continues to use the publication of its screening outcome reports to optimise transparency and accountability in terms of its equality, Human Rights, disability and good relations considerations when formulating policy and making decisions. The Trust has published 4 reports online in the reporting period – See Section 2 of this report for links to each of them.

6. **Good Relations Strategy**

Belfast Trust launched its Goods Relations strategy: [Healthy Relations for a Healthy Future](#) in May 2013 during Community Relations week. The strategy was developed by the Steering Group consisting of representatives from the Trust, Chaplaincy, Trade Unions, Community Relations Council, Ethnic Minority and Community organisations. The strategy was largely informed by a process of significant pre-consultation and was issued for formal consultation. At the launch of the Strategy at Belfast City Hospital, Belfast Trust director, Mr Cecil Worthington commended the Good Relations Strategy and underlined the senior commitment and strategic importance which the Executive Team affords to the promotion of good relations.

There was a range of speakers about good relations which included Joan Peden Co-Director, HR, Dympna McGlade, Community Relations Council, Reverend Derek Johnston, lead chaplain Belfast Trust, Ray Rafferty, Unison, Richie Smith, NIHSCIS Interpreter and Mary McDonagh, Trust Traveller liaison worker.
Joan Peden, Human Resources Co Director, who chaired the Good Relations Steering Group, acknowledged the importance of partnership working and collaboration with key stakeholders when developing the Strategy. She said that ‘While the Belfast Trust recognises that it cannot address all the ills in our society, we, as the largest employer and provider of integrated health and social care in Northern Ireland, believe it is important that we play a significant role in building an inclusive and shared society based on mutual respect.’

7. Northern Ireland Health & Social Care Interpreting Service

During the reporting period, almost 85,000 requests were received by the NIHSCIS with a successful provision rate of 97%. The Service fulfilled appointments in a range of 35 minority ethnic languages across Health and Social Care. NIHSCIS recognises the merit of providing ongoing training and support to its key stakeholders to ensure that the process of interpreting during health and social care appointments goes smoothly and complements the relationship between all parties. The Service continued to train practitioners and staff in Working Well with Interpreters and simultaneously provides training to interpreters to facilitate excellence in their language and communication support.

Practitioner feedback continues to highlight the high calibre of the service provided and how the service facilitates mutual communication during the
most basic to the most complex health and social care interventions. Here is a snapshot of some of the comments received via recent practitioner monitoring returns:

“Approachable and very professional. Spoke in a very kind manner to patient. Very happy with service today”

“Very professional very clear, friendly and approachable. Would be keen to work with this interpreter again”

“Great service provided by interpreter - fully explained to social worker and with client. A warm and engaging personality”

“Very pleased with interpreting from this interpreter. Works very professionally and enabled session to run very smoothly”

“Interacted well in a sensitive consultation”

Regional recognition through Patient and Client Council Making a Difference Awards

In February 2014 the Patient and Client Council held a celebration event in the Guildhall to acknowledge the huge contribution that service users make to improve the experiences of people who use health and social care services every day. The event was entitled Making A Difference and celebrates genuine involvement of patients, clients and carers and communities in service design and improvement. The NI HSC Interpreting Service was a successful finalist in the regional awards as a result of development of a Patient / Client Survey initiative in gauge the level of satisfaction, or dissatisfaction with the Interpreting Service across the region. This was conducted in the top 5 languages requested (Polish, Lithuanian, Portuguese, Chinese Mandarin and Chinese Cantonese). Bilingual Focus Groups were planned and facilitated at main user’s geographical areas (Belfast and Southern Trust areas): In partnership with local community organisations (Craigavon Intercultural Programme – Portadown and Chinese Welfare Association - Belfast), the Service identified participants from the local ethnic minority population who had used interpreters in the past. Patient / Client Questionnaires were translated into 5 different languages and disseminated. One of the
recommendations of this Patient / Client Survey findings directed to disseminating clear information on the ‘role of the interpreter’ and what to expect from the HSC professional interpreter, funding was made available through Personal and Public Involvement to develop leaflets into 6 different languages targeting patients and clients as well as service providers on the role of the interpreter. All too often a service user can misinterpret what an interpreter can do for them and this survey demonstrated that it was important that NIHSCIS not only educated HSC staff and interpreters on the boundaries of their role, but also made service users aware of these restrictions.

8. Review of Interpreting mechanisms

As reported in previous annual progress reports, the Health and Social Care Board commissioned a review of existing interpreting and translation mechanisms for health and social care in Northern Ireland. The review and associated recommendations were issued for formal consultation in September 2013 for 3 months. The outcome and recommendations are detailed in Section 5 of this report but notably one of the recommendations was that management of Northern Ireland HSC Interpreting Service move from Belfast HSC Trust to the Business Services Organisation (BSO). This is in line with the strategic direction of Shared Services and management of the NIHSCIS will transfer to BSO on 1st October 2014. Belfast Trust has been a key player in the steering group chaired by the Director of
Commissioning at the Board along with the Chief Executive, Director of Operations and Director of Customer Care of BSO. Oversight and implementation of the review’s recommendations have constituted a significant piece of collaborative work over this reporting period for the HR Co Director, Health and Social Inequalities Manager and (Acting) NIHSCIS Manager. Close partnership working and regular project groups have been essential to facilitate the smooth transition to BSO for staff and the regional service. All stakeholders recognise the importance of service continuity and in ensuring that no elements of good practice are lost, but that the Service will require changes in order to meet the growing demand for minority ethnic language support and an increasingly linguistically diverse population in Northern Ireland.

9. **Disability Steering Group**

As reported in last year’s annual progress report, Belfast Trust decided to reconfigure its Disability Steering Group and therein constitute working groups to progress priority areas. The group’s remit is to oversee implementation of the legislative duties to promote positive attitudes towards disabled people and to encourage full participation in public life. Notwithstanding this fundamental aim, the group also seeks to encompass any new legislative developments such as the Autism legislation, the draft Mental Capacity legislation and any recommendations emanating from inspections by the Regulation and Quality Improvement Authority into their work programme.

A new Chair has been nominated earlier this year – he is the Trust’s Director of Planning Performance and Informatics – Shane Devlin took to Yammer to relay his enthusiasm and commitment as new chair “I took over as the chair of the Trust’s Disability Steering Group this morning and chaired the meeting for the first time. It never ceases to amaze me the sheer volume of great work that is undertaken by people throughout the Trust to make a real difference. Thanks to the members of the group, I hope I can be a good chair and develop the great work further”.

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10. Regional 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. Equality leads for all 5 Health and Social Care Trusts, the Northern Ireland Ambulance Service Trust, the Business Services Organisation and Northern Ireland Fire Service all partake and contribute to relevant discussions. The group also provides a forum for speakers to be invited to present on a range of topics of strategic importance – in this reporting period there have been a number of presentations on the Entitlement to Healthcare and ‘Overseas Visitors’ and also on Mental Capacity draft legislation. It continues to provide an opportunity for Equality Leads to discuss and influence strategic decision making in health and social care and to share best practice.

11. Employment Equality

The Trust is likewise committed to its dual statutory duties to promote equality of opportunity and to promote good relations amongst its staff as with its service users.

As a large Trust employing in excess of 20,000 staff across seven job families, Belfast Trust recognises that our work to eliminate discrimination and harassment and to promote equality of opportunity is essential to ensure a high calibre, efficient and effective workforce.

12. Employment Equality and Diversity Plans

To this end the Trust has, since its inception in 2007, developed and implemented two Employment Equality and Diversity Plans. These Plans provide a framework to coordinate all aspects of employment equality work undertaken within the Trust.

The second Plan commenced in April 2011 and concluded in March 2014 with progress monitored, every 6 months, by the Trust’s Joint Negotiating Consultative Forum’s Workforce Governance Policy sub Committee.
Following an evaluation and review the Trust’s third Plan (2014-17) has been developed in accordance with the requirements of the equality and anti-discrimination legislation and with the good practice recommendations of the Equality Codes of Practice and ECNI Unified Guide.

At its core are the Trust values of respect and dignity, openness and transparency, being leading edge, maximising learning and development and being accountable.

The Plan’s overarching aims are to:

1. Promote and champion equality, good relations and diversity within the organisation.

2. Develop and maintain corporate policies and procedures which support and underpin equal opportunities and diversity in the workplace.

3. Foster an accessible and inclusive working environment for all staff and continue to take steps to ensure our workforce is representative of the community we serve.
4. Set in place appropriate systems to evaluate and measure the success of corporate HR policies and the implementation of the employment equality and diversity plan.

The Aims are facilitated through a series of practical action plans which correlate with associated organisational strategies including:

- S75 Action Plan
- Disability Action Plan
- Affirmative Action Plan (Fair Employment and Treatment Order 1998)
- Staff Survey Action Plan
- Health and Well Being Strategy Action Plan
- Good Relations Strategy
- Human Resources Management Plan.

13. **Employment Policies, Procedures and Practices**

The Equal Opportunities Policy and Harmonious Working Policy /Joint Declaration of Protection were reviewed and updated in May 2013. The Harmonious Working Policy /Joint Declaration of Protection have been re-issued in poster form. An equality audit of the Attendance Management Policy was incorporated into its review in September 2013.

A bullying and harassment support service was developed during the year with additional training sessions provided for staff and managers.

The Trust promotes Work Life Balance to enable staff to balance both home and work commitments and improve their working lives and provides special leave provisions (maternity/paternity/adoption/parental and carer’s leave) in excess of statutory requirements.

The Trust has a range of 8 Work Life Balance Policies in place. These are:

- Job Sharing
- Employment Break
- Part-Time Working
- Term-Time Working
- Flexi-Time Scheme
• Compressed Working
• Homeworking
• Flexible Retirement.

The Trust is committed to promoting equality and to attracting and retaining highly skilled and experienced staff and recognises the importance of such policies in meeting this objective. From 01 April 2013 to date there were 953 applications received with a 98% approval rate. The Policies continue to be widely communicated throughout the Trust and are covered in Managers’ Induction and mandatory Equality training sessions. 20,000 leaflets outlining the Improving Working Lives initiatives currently in place in the Trust were developed and issued throughout the Trust.

14. Equality Training

The Trust continues to provide a full programme of mandatory equality training for staff and managers. This training provides a comprehensive briefing on Equality and Diversity including Section 75, Good Relations and Human Rights. The training considers equality issues for both service users and staff. 48 sessions were provided in the 2013/14 year with over 1300 employees in attendance.

In addition the Trust provides equality training through mandatory corporate induction training and through a range of vocational and developmental programmes.

Specialist equality training is also provided in the following areas:

• Managing Disability in the Workplace
• Disability Awareness
• Working Well with Interpreters
• Domestic Abuse Awareness
• Human Rights Awareness
• Good Relations
• Screening and Equality Impact Assessment
• Bullying and Harassment
• Maternity Information Sessions.
Tailored equality training solutions are also provided across the Trust.

A new E-learning equality training programme is currently under development.

15. **Staff Survey**

In late 2012, the Trust conducted its third staff survey as part of the HSC Regional Staff Survey initiative led by the DHSSPS. Around 4500 staff were asked a range of questions about their working lives under three themes:

- The Resources to Deliver
- Support to do a Good Job
- A Worthwhile Job and the Chance to Develop.

Thirty-six percent of staff responded to the survey, an increase of fifteen percent from the Trust’s first survey in 2008.

Findings of the survey were released in July 2013. 86% of respondents confirmed that they are aware of the Trust’s policy on Equal Opportunities and 79% of respondents felt that the Trust acts fairly in relation to employment with regard to the equality groups outlined in Section 75 of the Northern Ireland Act 1998. This demonstrates a significant increase from the 60% reported in the 2008 survey, and is comparable to the regional findings of 78%.

44% of respondents felt that the Trust was committed to helping staff balance their work and home life. This result is in line similar to the regional figure and compares favourably to the 28% response reported in the Trust’s 2008 survey.

As a follow up to the survey, 5 Engagement Roadshows for employees took place in March 2014 across Trust sites. 67 staff attended over the 5 dates.

The Roadshows enabled staff to hear at first hand the findings and actions being taken forward and provided the opportunity to engage directly in
terms of findings and recommendations. The feedback from the roadshows was considered by the Health and Well Being Group and appropriate actions are being taken forward in conjunction with relevant Directorates.

16. **Disability Action Plan**

In relation to the employment objectives the Trust continues to implement the Regional Framework 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.

The Trust continues to maintain accreditation as an Employer of Excellence with Employers for Disability.

During this year, the Trust has developed a programme of training for managers on the Disability Discrimination Act 1995 and the reasonable adjustment duty. Refresher training on this area has been provided to HR staff with responsibility for managing attendance and incorporated into the Trust’s Attendance Management training programme.

The Trust’s mandatory Attendance Management training for staff and managers was attended by 2106 managers and staff during the course of the year.

The Trust continues to engage proactively with a number of voluntary organisations and the Employers for Disability organisation to provide work placement opportunities for people with disabilities. The Trust’s commitment to this is set out in its Work Placement Protocol for People with Disabilities. In this period 15 placements were put in place and 5 ring fenced job opportunities through the Workable Scheme were maintained. Work has been on-going during the period to develop additional ring fenced opportunities.
The Trust’s positive action, through the creation of ring-fenced posts, was showcased at the ECNI/EFDNI Mental Health Event which marked the International Day of Persons with a Disability on 3 December 2013. The Trust also featured in the follow up publication from the Commission ‘Making Equality Work’.

The Trust launched its Disabled Employee Network on 9 March 2012. Since its launch the Forum has continued to grow with meetings taking place every 2 months. A new Chairperson was appointed in 2013.

The Forum aims to take forward initiatives designed to ensure disabled staff play a full role in the Trust, promoting positive culture and highlighting the contribution of disabled staff.

During the past year the Forum has concentrated on developing links and communication strategies across the organisation. This has included the facilitation of a range of guest speakers at Forum meetings, the development of intranet and ‘Yammer’ sites and new poster and flyer campaign to raise the profile of the group and their work.

Trust staff are kept informed about the work of the network through a Hub for the Disabled Employee Network set up on the Trust’s Intranet. The Hub provides the following information:

- What is the Disabled Employee Network which includes a news section
- What support is available which gives links to external agencies as well as Trust information
- A guide to Reasonable Adjustments
- Contact information for the Disabled Employee Network
- Resources that are available including relevant policies and minutes from previous meetings.
Bulletin and Poster

As well as the DEN Hub, Trust staff will be kept up to date with events, initiatives, information and the work of DEN through a new news bulletin produced by DEN. The aim of the bulletin is to ensure that as many staff as possible have access to the information provided in the bulletin, and also have the opportunity to contribute to it. A DEN poster will also be produced that will be distributed throughout the Trust to highlight DEN to staff and contact details.

Networking

An important aspect of DEN is to form networks and partnerships with other groups and organisations to exchange and obtain information. DEN has subscribed to a range of other newsletters and has been added to the mailing lists of a number of charities.

The sterling work carried out by DEN has been acknowledged by Belfast City Council’s Human Resources Department who have approached DEN to find out how it works and to develop partnerships.

17. Irish News Workplace and Employment Awards

For the second year the Belfast Trust was shortlisted as a finalist in the Irish News and Employment Awards in the category of Disability Best Practice Employer. The submission concentrated on our duties in relation to the Disability Discrimination Act 1995(as amended) and highlights the number of positive action measures the Trust has undertaken.

One of the most notable was the development of the Disabled Employee Network and achievements made by that group. These include:

- A leaflet entitled “Positive Action for Staff with Disabilities”
- Web Page – this was designed to ensure the network was fully promoted and as a means to raise disability related issues. Staff are also encouraged to “tell their story.”
• A poster to highlight and promote the network throughout the Trust.

Other positive action measures included our excellent working relationships with a number of disability organisations and our commitment to disability work placements.

18. **Duties under the Fair Employment and Treatment (NI) Order 1998**

The Trust continues to comply with the statutory monitoring and review requirements under the Fair Employment and Treatment (NI) Order 1998. The annual monitoring returns have been submitted in line with statutory deadlines. The Trust’s second Article 55 Review under FETO for the period 2010-13 has been completed and approved by Trust Board in April 2014. 2011 Census data is now available enabling a review of appropriate comparators before submission to the Commission later in the year.

The Trust has continued to implement the affirmative action programme. During 2013 a survey and focus groups with local community groups were carried out to ascertain barriers to employment / chill factors associated with Trust locations. The findings are being incorporated into the updated programme of affirmative action currently under development following the completion of the 2nd Article 55 Review.

19. **Support for LGBT Employees**

The Trust continues to support the sectoral LGBT Staff Forum run by the Public Health Agency. A website has been developed and a series of roadshows took place across Trust sites to promote the Forum during the Pride Festival.

The Trust is in the process of developing a Trans Policy in partnership with sectoral colleagues.
20. **Regional Equal Opportunities Network**

The Trust continues to work collaboratively across the HSC sector via the Regional Equal Opportunities Network which meets 5 times a year and is chaired on a rotational basis between members.

Over the past year the Network has been the key forum for equality related issues associated with the new Human Resources, Procurement Travel and Subsistence (HRPTS) computer system. The system has been introduced as part of the Business Service Transformation Programme (BSTP) which transforms the way that some of the critical business functions in Trusts are delivered. Current issues addressed by the Group include the areas of equality monitoring and regional recruitment.

21. **Employer for Childcare**

As a Best Practice Public Sector Employer for Childcare the Trust successfully provided its sixth summer scheme in 2013 with 331 children and 214 families being accommodated.

A full evaluation of the scheme was undertaken which confirms that 90% of parents rated the scheme as either excellent or very good, 90% of respondents stated that they were able to use annual leave for holidays rather than childcare and 100% stated that they were able to work their usual hours. 92% of parents said that the summer scheme ensured that they did not have to take any unpaid leave. Parents were asked if providing a summer scheme
enabled them to balance their work and family more effectively to which 98% strongly agreed or agreed.

Parents’ feedback received was very positive and included the following comments;

“Once again my son really enjoyed his five weeks in summer scheme and he is already planning for next year. I would like to thank you and all your staff who co-ordinate the Summer Scheme. I can’t begin to imagine the amount of planning that goes into it and I don’t know how you manage to get such a high calibre of staff every summer.”

“Another fantastic summer! It’s all down to you and your team, thank you. Without you and the team the boys wouldn’t have been so happy during the summer. The work you do is very much appreciated. Keep up the amazing job and I will be camping out next year.”

“As a new employee of the Trust the ability to access such a fabulous service was a pleasant surprise. My daughter absolutely loved the scheme and all the staff working there were brilliant.”

The Trust continues to provide employees with the opportunity to avail of childcare vouchers through Employer’s for Childcare. The scheme allows for staff through salary sacrifice to swap part of their salary, tax and National Insurance free, to contribute towards their childcare costs. 770 employees currently participate in the Scheme. In addition the Scheme offers Trust staff;
• Staff Discount Card of 5% discount at over 50 major high street shops.
• Employer Approved Home Childcare which provides reliable, quality childcare in a family’s own home.

The Trust has a wide ranging Special Leave Policy which provides for maternity/paternity/parental and carer’s leave in excess of statutory requirements.

Two Maternity Information sessions were held outlining information to 78 staff on maternity leave entitlements, salaries and wages entitlements, health at work during pregnancy and health promotion for expectant mothers.

22. Promoting Staff Health and Well Being

Belfast Trust is committed to promoting the health and wellbeing of its staff. Under the strategic direction of the Trust Health and Well Being Steering Group, a Health and Well Being at Work Strategy and Action Plan have been developed and during the period collaborative working between Human Resources, Health Improvement, Occupational Health, Chaplaincy and Health and Safety was effective in implementing the Action Plan. Some relevant initiatives included:

• Best practice attendance management has been promoted throughout the period including updated Attendance Management Protocol and mandatory training programme to reflect best practice and Disability Discrimination legislation

• A focus on mental health, which accounts for almost 30% of absence in the Trust, promoted several initiatives including:

  o Mental Health and Wellbeing Guidance and Support - the Trust is committed to supporting staff who are experiencing stress or mental ill health. In order to provide guidance and support the Trust has developed the following leaflets:

    “Looking after your mental health and wellbeing”
The purpose of this resource is to signpost staff to a range of services that are available both internally and externally to the Trust and to raise awareness.

“Looking after your staff’s mental health and wellbeing needs”
The aim of this leaflet is to provide guidance and sources of information to managers to assist them in supporting the psychological well-being of their staff.

- The Health & Safety Team continue to promote awareness of the Trust’s Management of Stress Health & Wellbeing Policy and distribution of the Trust’s Stress and Here4U leaflets through Directorate Partnership working and Statutory/Mandatory Training.

- A range of training and support is provided including Resilience training, Mindfulness training and Stress Management and there is on-going promotion and awareness of the Staff Care counseling service. Shared Reading programmes have been rolled out across a number of venues in the Trust.

- Provision of a guide for managers in relation to bereavement aims to assist managers to support staff coping with the death of a colleague and also, dealing with an employee who may have received the diagnosis of a terminal illness. Dealing with bereavement is one of the highest causes of absence within mental health related absences.

- A wide range of Health Improvement training programmes have been available in the areas of nutrition, physical activity, oral health, sexual health, men’s health, smoking cessation and stress management, these have included; Top Tips for Looking After Yourself, ASIST, Mental Health First Aid, Living Life to the Full, Health for Life, HIV/Sexual health Awareness training, Walk Leader training and Mindfulness training. Several ‘one off’ events to promote the health and well-being agenda have taken place, including a motivational speaker on World Mental Health Day and a Health Walk facilitated by the Belfast Hills Partnership.
• One of the health and wellbeing initiatives identified by the group was the establishment of a health and wellbeing service for staff called “Here 4 U”.

Here 4 U offers an extensive range of free activities and events to staff, to address physical, emotional and mental health and wellbeing.

These include a range of activities for example;

- Zumba, pilates, football, yoga, circuit training, boxing and ballroom dancing classes
- Regular seminars for staff on mental health
- Information sessions such as car mechanics, gardening and Christmas craft evenings
- Trust choir service.

23. Health Fairs

Three Health Fairs took place in the Mater Hospital, Musgrave Park Hospital and Belfast City Hospital attended by approximately 350 staff. The emphasis was on health and wellbeing and the key message was about the importance to take care and look after your health. On offer were blood pressure and cholesterol checks in addition to stands providing information on Staff Care, the Staff Association, Here 4 U, Cycle to Work Scheme and the some of the Trust’s Improving Working Lives initiatives.

24. Domestic Abuse Support Service

One in four women experience domestic abuse at some time in their life and the statistics for men are one in seven. With a workforce of 20,000 staff, the Trust recognises that domestic abuse could be impacting on a significant proportion of our employees from any level or any discipline within the organisation.

Aware of the detrimental effect that domestic abuse has on an individual’s overall health and well-being and moreover, their performance and
attendance in work, the Trust has trained a range of support officers to be able to help an individual in the workplace who may be experiencing domestic abuse.

About the Domestic Abuse Support Service

This is a completely free and confidential service and is available to any staff member. The domestic abuse service which is provided by the support officers (on a voluntary basis) seeks to empower someone suffering domestic abuse by providing them with the necessary information and allowing them to make the decision as to whether they will take any action. Research shows that someone will be abused 33-35 times before they seek help – this support service is readily available to any member of staff looking for help.

What the Support Officer does

A support officer is available to listen and provide information about external organisations and agencies that specialise in helping people who suffer from domestic abuse. In the workplace, the support officer can arrange for adjustments to be made – such as salary advance, change of location, change of working hours, time off for appointments etc.
Uptake of the service is not huge but the support officers recognise the difference and impact that they can make on individuals’ lives and that of their families if they feel able and ready to seek the support. The Trust continues to promote the service and launched and disseminated 20,000 desk calendars across the Trust displaying the Trust’s internal contact numbers but also the numbers for those caught in crisis and also what support is actually available.

The Trust conducted a staff survey to mark the anniversary of the launch of the service in December 2013 to establish what could potentially be the barriers to staff accessing the service. This feedback will improve invaluable in developing further marketing activities and helping to encourage staff to consider the support that is offered and be assured of the confidentiality implicit within the support officer role.

25. Developing BME Cultural Competency in Mental Health Service Provision

The Belfast Trust worked in partnership with the other four HSC Trusts and Aware Defeat Depression to organise the workshop in Malone House on 12 June 2013. The workshop was funded by the Public Health Authority (PHA).

The focus of the event was “Developing Cultural Competence when delivering Mental Health Services to Black & Minority Ethnic Communities (BME)”. Professor Rachel Tribe, School of Psychology University of East London provided a wealth of information and guidelines on how to deliver culturally competent services. Her inputs include:

- Culture and language in regards to mental health
- Culture and idioms of distress and presentation
- Explanatory health beliefs
- PTSD or normal reaction to abnormal events
- Guidelines on working with Interpreters
The keynote speaker was Professor Tribe and there was input from the Health and Social Inequalities Manager, Belfast Trust and the former Northern Ireland HSC Interpreting Services Manager regarding the legislative and ethical context to providing culturally competent services and the effective use of ethnic minority language interpreters. Research conducted by the Northern HSC Trust and Ballymena Interethnic forum also illustrated the under-utilisation of mental health services by BME communities and some of the findings and reasons why from their engagement process.

The audience included mental health professionals from across the regional HSC and community and voluntary sector organisations from both the BME and Mental Health sectors. Many interpreters also availed of the opportunity to come and input into the workshop.

At the end of the input, the audience acknowledged the complexity of providing competent mental health services but this complexity could be further compounded by cultural and linguistic diversity.

When asked what would be of most use to mental health practitioners, the unanimous outcome was development of an online toolkit to act as a practical resource and reference source for staff working with mental health service users from BME.
This work has been under development during this reporting period and it is envisaged it will be formally launched in October 2014 along with Train the Trainer programme and an associated DVD package. The work has been funded by the Public Health Agency and will be available online and in hard copy for all Mental Health practitioners.

The Trust’s Health and Social Inequalities Manager and Community Development Manager showcased the work at the Public Health Agency’s Annual Scientific Conference in June 2014 where the underpinning theme was Diversity.

26. Traveller Mental Health DVD

Chief Executive of Belfast Health and Social Care Trust, Mr Colm Donaghy launched a DVD to promote good mental health among the Traveller community. The DVD was produced by the Trust in partnership with An Munia Tober and Aware Defeat Depression. The health status of the Traveller community remains poor in relation to the settled community and this is particularly the case with mental health and emotional well-being issues.

The DVD was designed by Travellers for Travellers and covers many important issues such as:

- Recognising the signs of depression
- Coping mechanisms
- How and where to seek help.
27. Shopmobility

The Trust continues to fund and work in partnership to deliver Shopmobility on the Royal site. A total of 500 service users accessed the service in the last 12 months bringing the cumulative total since its establishment in 2008 to 4509. The service, which is aimed at ensuring equality of access to services, offers service users and visitors free hire of mechanised scooters.
and self-propelling wheelchairs, enabling users to maintain their independence when attending appointments.

28. **Northern Ireland New Entrants Services**

Belfast Health and Social Care Trust in collaboration with The Public Health Agency and the Health and Social Care Board, has established an evidence based Northern Ireland New Entrant Nurse –led Service for new entrants to Northern Ireland.

The existing TB service will establish a comprehensive health assessment, screening for communicable diseases including HIV; blood screening tests; health promotion and immunisation services.

The project aims to provide access to a New Entrant Service specifically to address the health and social well-being needs of new immigrants, asylum seekers, refugees, clients unable to register for GP services.

**Aims**

- To offer a holistic service to meet the health and wellbeing needs of new immigrants
- To increase the uptake of vaccinations
- To improve the interface between primary and secondary care
- To improve communication with A&E departments
- To plan the transition of clients to mainstream primary care services.

A range of clinics for new entrants are held weekly at Bradbury Centre 1-17 Lisburn Road, Belfast BT9 7AA including a drop in clinic, twice monthly GP clinic and Paediatrician services.
Key Initiatives for the forthcoming year

29. Implementation of Section 75 Inequalities Action-Based Plan

Work has already commenced on the delivery of actions in the Section Inequalities Action Based Plan for 2014-2017 which constitutes a significant programme of work in addition to ongoing commitments outlined in the Trust’s Equality Scheme.

Belfast HSC Trust Section 75 inequalities action based plan has 30 actions ranging across three sections: Cross Cutting Themes, Service Related Issues and Employment Related issues.

Crossing cutting themes consists of five themes:

- Measures to improve access to service, communication and information
- Service Monitoring
- Measures to ensure mainstreaming of equality, good relations, disability duties and Human Rights considerations into corporate planning cycle and decision making
- Measures to promote participation and inclusion
- Procurement.

The first action is the implementation of the recommendations emanating from the review of interpreting and translation mechanisms. Having managed and facilitated delivery of the Northern Ireland Health and Social Care Interpreting Service, it is imperative that Belfast Trust is a significant stakeholder in the transition to ensure business continuity, to effectively transfer the staff and the service, to maintain best practice and transfer the expertise and to help develop the new IT System. This action has been ongoing and will require a considerable degree of input from the Trust before and after the transition of management of the NIHSCIS staff and service to the Business Services Organisation on 1st October 2014. It is envisaged that the new IT system will not be operational until February 2015. The changes as a result of the review will also need to be conveyed by developing a communication and training strategy to ensure that all interpreters, HSC staff and practitioners and community and voluntary organisations are aware of the various changes.
Work will also continue on the Physical and Sensory Disability Strategy which is led by the Health and Social Care Board and Trust Equality and Sensory and Physical Disability representatives are part of the implementation group. The action plan included actions to promote positive health wellbeing and early interactions and actions to better facilitate independent lives.

Belfast Trust has committed to lead on the review and launch of an updated Health and Social Care Booklet to provide information about health and social care to people from minority ethnic backgrounds who have moved to Northern Ireland. It is anticipated that by increasing awareness of the structure and how to access health and social care appropriately, there will be increased access to health and social care services.

The Northern Ireland in which we live today is no longer home to a mono-cultural population – our demographic profile has evolved in recent decades and our community is now multi-cultural. This increasing diversity has significant implications for the delivery of public services - none more so than that of Health and Social Care. The importance of cultural competence in Health and Social Care has never been more acute. Lack of knowledge or acknowledgment about how much culture impacts how a person will engage and interact with and experience Health and Social Care. In the field of Mental Health, a person’s culture – their norms, values, beliefs and language – plays a key role in whether they will seek help, what help they will accept, how they cope and how they will react. By their very nature, mental health services are often complex and multi-faceted - when this is compounded by linguistic or cultural differences, responsive service delivery can become yet more challenging. The Trust has committed to lead on development of an online toolkit on cultural competence in mental health service provision. This work is being conducted in partnership with Aware Defeat Depression and will be accompanied by a DVD and training package, which will be rolled out across the regional HSC family.

Trusts will continue to work in partnership with Black and Minority Ethnic Groups to identify specific health and social care issues affecting people from BME communities.
Belfast Trust has committed to develop and disseminate an equality training manual to complement mandatory equality training. It is envisaged that this will be used as an aide memoire and quick reference guide for staff who have already attended training. It will contain information and policies regarding staff and service users and ultimately help to ensure good practice throughout the Trust.

A regional project will continue to roll out ethnic monitoring project to key information systems in Maternity and acute hospitals. This will be accompanied by a Guide on Ethnic Monitoring of Service Users in HSCNI.

Trusts will continue to promote the Complaints DVD to ensure that people who are deaf or hard of hearing are aware of the Complaints procedure and how to access it.

Trusts look forward to working in partnership with the Equality Commission for Northern Ireland in reviewing and updating various reporting templates. The Trusts hope to bring their practical experience of having completed templates and suggestions as to how to enhance the templates and make them more straightforward for staff to use. Once agreed, this will need to be reflected in revised equality training.

The Trusts will work to ensure that the regional consultation list is accurate and up to date and will continue to add and amend the Emerging Themes-Audit of Inequalities document.

Belfast Trust launched its Good Relations strategy last June and will work on implementation of its action plan – this will include production of a biannual bulletin to showcase good relations initiatives for both staff and service users. The Trust will also develop a community art project which will be displayed in health and well-being centres. This along with other work will help reduce the chill factor which may be perceived in different locations across Belfast and Castlereagh.

The Trust has also committed to produce a Human Rights strategy encompassing all its functions Human Rights belong to everyone. They are the basic rights we all have simply because we are human, regardless of who we are, where we live or what we do. Human Rights represent all the things that are important to us as human beings, such as being able to choose how to live our life and being treated with dignity and respect. The
Trust is committed to the belief that putting Human Rights at the heart of the way health and social care services are designed and delivered can make for better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy.

The Trust will continue to support LGBT staff and promote a zero tolerance attitude to homophobic issues. A range of training events shall be convened to provide experts in fertility and maternity with an increased knowledge about how to provide responsive services to lesbian women. Training sessions will also address the issue of LGBT adults in residential homes.

The Multi-Cultural and Beliefs Handbook will be maintained to help practitioners and staff provide culturally sensitive and competent services.

Workshops will be convened to work with Trust service areas to identity key issues to be addressed in preparation for extension of Age Discrimination Regulations into the sphere of goods, facilities and services.

In terms of Employment measures to promote equality of opportunity and good relations in the workplace, the Trust has outlined its plan of action in the Employment Equality and Diversity Plan. (Please see appendix 1) Training will constitute a significant part of the programme with training to tackle racism and sectarianism.

The Trust will continue to implement the Disability Action Plan and the regional framework on Employment of Persons with a Disability. The Trust will continue to implement any affirmative actions and outreach measures.

The Trust has committed to specific projects to ensure that the work environment continues to promote gender and age equality. The Trust has also committed to work regionally on the development of a Transgender policy so that staff who are transgender feel comfortable to express their gender identity.

This is not an exhaustive list but highlights the key programmes of work that will be taken forward during the course of the Section 75 Inequalities Action Based Plan 2014-2017. This work is in addition to the commitments
outlined in the Trust’s Equality Scheme to comply with the dual statutory duties in Section 75 of the Northern Ireland Act 1998.

30. **Implementation of Disability Action Plan**

Furthermore the Trust will continue to implement actions specifically in regard to its dual disability duties to promote positive attitudes towards people with a disability and to encourage their full participation in public life. These are detailed in the Trust’s Disability Action Plan and include initiatives to increase staff’s understanding, appreciation and consideration of: Mental capacity bill, Autism legislation, the United Nations Convention on Rights of Persons with a Disability.

The Trust will continue to update its training and literature to reflect legislative developments or strategic policies so that staff are up to date with these and familiar with the concepts therein.

The Trust has led on the review of the Making Communication Accessible Guide for HSC staff – this has been done in partnership with Disability organisation representatives. It will be launched later in 2014.

Belfast Trust has specific local initiatives to improve accessibility – not just physical accessibility but also accessibility to communication and information. The Trust will work to create an Exemplar facility in a Health and Well Being Centre in terms of all aspects of accessibility and will also develop a design guide for use on new buildings or renovation of existing buildings.

Full detail can be accessed in the Belfast Trust Disability Action Plan 2014-2017 ([insert hyperlink])
| Persons of different religious belief | Development of Good Relations Strategy  
| | Good Relations pop up stands displaying Trust Good Relations Statement |
| Persons of different political opinion | Development of Good Relations strategy |
| Persons of different racial groups | I am Roma  
| | Traveller Health Liaison Workers  
| | Traveller Mental Health DVD  
| | NI HSC Interpreting Service |
| Persons of different age | Targeted health promotion for young people –in particular young men  
| | Extend delivery of HYPE project across Belfast  
| | Flexible Retirement policy |
| Persons with different marital status | Flexible Working Policies |
| Persons of different sexual orientation | Discovering Diversity E learning training available to staff  
| | Trust participation in partnership with Trade Unions to hold events to celebrate Pride Week.  
| | LGBT staff forum |
| Men and women generally | Domestic Abuse Support Service |
| Persons with and without a disability | Making communication accessible guide  
| | Shopmobility  
| | Disabled Employee Network  
| | Production of Choking DVD |
| Persons with and without dependants | BME Carers project  
| | Summer Scheme |
Section 1: Strategic Implementation of the Section 75 Duties

- Please outline evidence of progress made in developing and meeting equality and good relations objectives, performance indicators and targets in corporate and annual operating plans during 2013-14

Belfast Trust delivers integrated health and social care to approximately 340,000 people in Belfast and part of the Borough of Castlereagh and provides a range of specialist adult and paediatric services for the population of Northern Ireland. Belfast Trust is led by a Trust Board, comprising a Chairman, Non-Executive and Executive Directors, and is responsible for ensuring that the care and treatment provided by staff is of the highest quality for our patients and clients. Guided by the priorities of the Minister and Department of Health and Social Services, Trust Board sets the strategic direction in promoting the health and well-being of the citizens and communities who use our services, establishing our objectives and monitoring the achievement of these. Through the involvement of users, carers and patients, and through partnership with communities and the independent sector, Trust Board ensures that the Trust’s obligations are met to all the people who use our services.

The Trust delivers its services through five Service Directorates:

- **Acute Services**, incorporating Medicine and Surgery, Cardiovascular and Specialist Surgery, Neurosciences, Ophthalmology and Imaging Services

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

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

- **Specialist Hospitals and Women’s Health**, incorporating Maternity Services, Acute and Community Paediatrics, Trauma and Orthopaedics,
Gynaecology, Sexual Health & Reproduction, including GUM Services, ENT and Dental Services

- **Children’s Community Services** incorporating, Family & Child Care Services, Community Health and Children’s Disability Services.

These directorates, along with the Corporate Directorates of Human Resources, Medical Director’s Group, Central Nursing, Planning Performance & Informatics, Finance and Estates and Communications, manage this diverse organisation through an Executive Team:

**Belfast Health and Social Care Trust: Executive Team Structure**

Our **Vision** is to continuously improve health and social care delivery and foster innovation in pursuit of this goal. We will seek to achieve the right balance between providing more health and social care in, or closer to, people’s homes and supporting the specialist delivery of acute care, thereby delivering positive outcomes for the people who use our services.

Our **Guiding Principles** are integral to how we will deliver and develop our services:

To provide safe, high quality person-centred and compassionate care, ensuring the best possible experience for all the people who use our services.
To promote wellbeing and early intervention

To continuously improve, through integration and partnership working, our delivery of accessible and effective services

To innovate to drive improvement in services, translating research into practice and using proven technology to secure positive outcomes for people who use our services

To ensure our people have the appropriate knowledge, skills and attributes to deliver a high quality, person centred service in a Trust which is a good place to work, train and learn

To make a real difference to the impact of health and social inequalities on the lives of local people through our leadership and advocacy, in partnership with local communities;

To continue to recognise and value the role and contribution of carers and families to our services;

To achieve efficiency, effectiveness and equity across all our resources (our staff, our services and our facilities) and look after our environment for the future.

**Belfast Trust Values**

The Trust’s Values are important. They guide behaviour, attitudes and decisions made and our expectations of each other. Feedback from staff across the organisation demonstrates that the Trust’s Values are important to them and have a strong impact on how they view the organisation.
Treating everyone with respect and dignity. Our commitment is – We will:

- Respect the rights and choices of people who use our services
- Place the needs of people who use our services and their carers at the core of service planning and delivery, and support person-centred approaches to care
- Be fair in our decisions and our actions, reflecting this in policy and practice
- Work in partnership across professions, services, organisations and communities to maximise the potential for health improvement and achieve the best use of resources through joined up approaches
- Recognise the contributions of staff, users, carers, volunteers & the community.

Displaying openness & trust. Our commitment is – We will:

- Ensure processes are in place for two-way communication with users, staff and the public
- Be open and transparent in our decision-making and communication;
- Build a reputation for being trustworthy
- Provide timely, accessible and appropriate information to support choice for people who use our services
- Keep people informed.

Being leading edge. Our Commitment is – We will

- Encourage and support our staff to be innovative and creative in pursuing our purpose
- Create an environment where research and enquiry can flourish
- Translate research and innovative ideas into practical improvements for service users

Maximising learning & development. Our commitment is – we will:

- Build the capacity of the organisation and our people through appropriate learning, development and support
- Empower our people by developing and sustaining a learning culture.

1.1. Workforce Profile

The Trust benefits from the creativity and skills of a diverse workforce.
The 2014 Fair Employment Annual Monitoring Return reported our workforce as at 1 January 2014 as 78% Female, 22% Male. 50% of the workforce are from a Roman Catholic community background, 45% from the Protestant community and 5% ‘Other’ or ‘Non-Determined’.

Additional equality monitoring data is collected across a further 9 grounds;

1. Religious Belief
2. Ethnicity/Race
3. Nationality
4. Marital Status/civil partnership
5. Age
6. Disability
7. Political Opinion
8. Sexual Orientation

The equality monitoring statistics across these grounds show the following results as at 1 January 2014:

- 79% describe their ethnic group as 'White', 4% as 'BME'. The remaining 17% of staff have not reported this information.

- 2% of staff describe themselves as having a disability under the Disability Discrimination Act 1995. 32% of staff did not report this information.

  29% are aged <35, 55% between 35 and 54, 15% between 55 and 64 and 2% 65+.

- 56% of staff are married or in a civil partnership, 38% 'Single', 4% 'Other'.

- 21% of staff describe themselves as having personal responsibility for the care of family members or other persons. 59% of staff did not report this information.

- 37% of employees described their sexual orientation as towards someone of a different sex, 1% as towards the same sex or both sexes. 54% of staff did not report this information with a further 8% recording that they did not wish to answer.
• 14% describe their nationality as British, 6% as Irish, 2% as other European and 0.24% as Non EU. 78% of staff did not report their nationality.

• 23% describe their religious belief as 'Christian', 1% as 'Other' and 7% as 'No religious belief'. 69% of staff did not report their religious belief.

• 6% of staff described their political opinion as 'Broadly Nationalist', 7% 'Broadly Unionist' and 7% as 'Other'. 54% of staff did not report this information with a further 26% recording that they did not wish to answer.

The introduction of the a new Human Resources, Procurement Travel and Subsistence (HRPTS) computer system will allow for staff to regularly update their equality data enabling more accurate collation and reporting of the data. Rollout of the system across the Trust commenced in October 2013 and will continue into next year.

1.2. Corporate Management Plan

Alongside the Trust Vision, the Corporate Plan outlines the strategic direction for Belfast Health and Social Care Trust for the period 2013/14-2015/16. It sets out how services will change and develop to ensure they meet the health and social care needs of the population of Belfast, Castlereagh and across Northern Ireland.

The Minister for Health, Social Services and Public Safety has also set out his vision for health and social care across Northern Ireland through the publication of ‘Transforming Your Care’. It proposes significant changes for services over the next few years and we have ensured that the priorities identified in our Corporate Plan are closely aligned to the strategic direction within ‘Transforming Your Care’.

This Corporate Plan also outlines our Guiding Principles and our Values which underpin how the Trust will develop services over the next three years. It describes corporate key service priorities and expected outcomes to be delivered over the period of the Plan, recognising the challenging financial environment for health and social care services across Northern Ireland, with significant efficiency savings to be achieved.
The Corporate Management Plan explicitly references that key to the Trust’s implementation of the plan is continuing to ensure the Trust meets its statutory duties under Section 75 of the NI Act 1998.

1.3. Human Resources Management Plan

The objectives set for Human Resources and highlighted in the HR Management Plan have been informed through discussion, debate and agreement with Senior Managers and their individual teams and reflect the requirements set out in Transforming Your Care, Trust Business Plan, Corporate Management Plan and relevant Trust-wide Strategies.

The plan laid out a commitment to work collaboratively with all stakeholders and partners to improve health and wellbeing and tackle inequalities and social exclusion through a variety of methods e.g. employability schemes and lifelong learning initiatives, maintaining good industrial relations and by implementing the good relations strategy for the Trust.

Human Resources also committed to deliver on its employment and diversity plan and to fulfil its equal opportunities monitoring obligations.

1.4. Health and Social Inequalities Team

The Health and Social Inequalities team work collectively and collaboratively to improve health and well-being, reducing health inequalities and leading on promoting equality, good relations, human rights and social inclusion in designing and delivering services and carrying out functions within the Belfast Health and Social Care Trust. They have their own detailed management plan which is influenced by a number of documents – the Corporate Management Plan, the Human Resources Management Plan, the Disability Action Plan and the Section 75 inequalities action based plan.

The Team achieves its purpose by:
• Practically implementing the equality remit to improve health and well-being outcomes
• Facilitating employees of the Trust in their understanding and awareness of how they can reduce health and social inequalities in their day to day work
• Improving the public’s access to services and information, not necessarily giving them equal services but services that meet their needs
• Being a specialist, expert team
• Ensuring the individual is treated with respect and dignity
• Working collectively and collaboratively to promote equality of opportunity and access to services by respecting Human Rights, promoting good relations and addressing barriers to health and social care.

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

1.5 Three E’s Equality Engagement and Experience Steering Group

The Disability Steering Group reports into a Group called the 3 E’s: Equality Engagement and Experience. The Equality, Engagement & Experience Steering Group’s role is to provide assurance to the Assurance Committee around the Trust’s activities in relation to experience, equality and engagement of patients, clients, service users, carers and communities, particularly vulnerable groups covered by Section 75 of the Northern Ireland Act 1998 and all other relevant NI and European legislation including Human Rights legislation. The Equality, Engagement and Experience Steering Group’s role is to provide strategic direction for and oversee the work of the following subgroups:

• Partnership Forum
• Food and Nutrition Group
• Health & Wellbeing at Work Group
• Patient Experience Group
• PPI Group
• Disability Steering Group
• Health and Well Being Steering Group
- Good Relations Strategic Group
- Traveller Steering Group and the
- Ethnic Minority Steering Group.

The Equality, Engagement and Experience Steering Group will provide assurance that:

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

1.6. **Traveller Strategic Group**

The Trust Traveller Strategic Group continues to implement the Trust Traveller Strategy to address inequalities faced by members of the Traveller Community. This group is chaired by the Director of Specialist
Hospitals and Women’s Health. A work plan has been devised for the programme of work until 2016 and centres on four main topics on Mental Health, Cultural Competency, Health Improvement and Children and Maternal Health.

1.7. **Ethnic Minority Health and Well-Being Group**

The Ethnic Minority Health and Well-Being Group is chaired by the Director of Adult Primary and Social Care. The group comprises representatives from the Service and Corporate Groups and community and voluntary sector representatives. A programme of work has been devised further to a workshop to establish and consult on priorities for the forthcoming year. This focuses on mental health, women and children’s health, older people and building the capacity of professionals.

1.8. **Disability Steering Group**

The purpose of the Disability Steering Group is to provide strategic leadership and direction to ensure that the Belfast Health and Social Care Trust complies with its statutory and legislative requirements with regard to employment and service provision as detailed in Section 41 and 49A of the Disability Discrimination Act 1995 & DDA 2006 and to ensure that, when carrying out its functions, the Trust gives due regard to:

- Promoting positive attitudes towards disabled people
- Encouraging the participation of disabled people in public life
- Developing strategies to ensure compliance at all levels across the Trust

The Trust’s Director of Human Resources is responsible for the development and implementation of the Trust’s Disability Action Plan and the Steering Group will ensure a partnership approach to this and will oversee and review progress ensuring the effective implementation and communication of the actions therein. The Director of Planning Performance and Informatics has recently assumed responsibility for chairing the group.
1.9. **Good Relations Strategic Group**

The purpose of the Good Relations Strategic Group is to provide strategic leadership and direction to ensure that the Belfast Health and Social Care Trust implements the Trust Good Relations Strategy and Action Plan to comply with its Section 75 statutory and legislative requirements with regard to Good Relations. The group is chaired by the Health and Social Inequalities Manager on behalf of the Director of Human Resources. The Trust’s Director of Human Resources is responsible for the implementation of the Trust’s Good Relations Strategy and Action Plan and the Strategic Group will ensure a partnership approach to this and will oversee and review progress ensuring the effective implementation and communication of the actions therein.
Section 2: Screening

Screening Outcome Reports:

**April – June 2013:**

**July – Sept 2013:**

**October – December 2013:**

**January – March 2014:**

To view BHSCT screening templates:

Screened out screening templates:  [Screened out](http://www.belfasttrust.hscni.net/pdf/Outcome_Report_Jan-March_2014.pdf)

Screened out with mitigation screening templates:  [Screened out with mitigation](http://www.belfasttrust.hscni.net/pdf/Outcome_Report_Jan-March_2014.pdf)

Ongoing screening templates:  [Ongoing Screening](http://www.belfasttrust.hscni.net/pdf/Outcome_Report_Jan-March_2014.pdf)
Section 3: Equality Impact Assessment (EQIA)

EQIA Timetable – April 2013 - March 2014

One Equality Impact Assessment was underway in March 2014. It was the Supporting Young People in their communities. This consultation paper describes the current and proposed Social Care support for Young People across Belfast and includes proposals for a community based Young People’s Resource Team, based in a Resource Centre, and supported by a wider range of foster care provision. Residential care, both short and longer-term, will continue to be available. This Young People’s Resource Team would be based within the community in one of the Trust’s short stay residential facilities at 57A College Park Avenue, re-designating the function of this facility to a Resource Centre. For ease of reference, the Trust integrated the associated Equality Impact Assessment on the aforementioned proposals to thoroughly assess any potential equality or Human Rights implications where the proposals are consulted upon and approved by Trust Board.

This was issued for formal consultation on 3rd July. http://www.belfasttrust.hscni.net/pdf/Supporting_young_people-BHSCTconsultation.pdf
Section 4: Training

Belfast Trust has a clear vision and strategy to support the education and training needs of our staff, thereby ensuring the Trust value of maximising. As an Investors In People Organisation, the Trust is committed to equality of opportunity in learning and development for all its staff. Learning and Development is embedded and a learning culture is maintained. The Trust recognises that by providing its staff with the appropriate level of training in not only their professional area but also in related areas, that staff will be better equipped to work effectively with service users and ensure that they are at the centre of their care.
The chart below depicts the range of training providing principally by the equality team within the Trust and the volume of people who attended.

**Chart 1: Range of training provided:**

**Attendance Figures**

1/4/13 - 31/3/14

- Working Well With Interpreters: 892
- Working Well with Interpreters: 61
- Interpreter Professional: 11
- Interpreter OCN Level 4: 145
- Interpreter: 11
- OCN Level 4: 42
- Community Interpreting: 8
- Interpreting Course: 91
- MA Interpreting: 105
- Domestic Abuse: 52
- Disability: 134
- Good Relations: 22
- Human Rights: 43
- Screening & EQA Training: 1,315
- Equality Training: 43
### Final Chart Attendance Figures - 1 April 2013 - 31 March 2014

<table>
<thead>
<tr>
<th>Course:</th>
<th>Total:</th>
</tr>
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<tbody>
<tr>
<td>Working Well With Interpreters</td>
<td>892</td>
</tr>
<tr>
<td>Interpreter Professional Development</td>
<td>61</td>
</tr>
<tr>
<td>Interpreter OCN Level 4</td>
<td>11</td>
</tr>
<tr>
<td>Interpreter Upgrade OCN Level 4</td>
<td>145</td>
</tr>
<tr>
<td>Community Interpreting</td>
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<tr>
<td>Interpreter Conversion Course</td>
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<tr>
<td>MA Interpreting</td>
<td>8</td>
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<tr>
<td>Domestic Abuse</td>
<td>91</td>
</tr>
<tr>
<td>Disability</td>
<td>105</td>
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<td>Good Relations</td>
<td>52</td>
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<tr>
<td>Human Rights</td>
<td>134</td>
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<tr>
<td>Screening &amp; EQIA Training</td>
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<tr>
<td>Equality Training</td>
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<tr>
<td>On request Equality Training</td>
<td>43</td>
</tr>
</tbody>
</table>

This chart demonstrates the uptake of mandatory equality training throughout the reporting period.

**Chart 2: Mandatory Equality Training for Managers and Staff:**

Attendance figures for Mandatory Equality Training for Staff and Managers
1/4/13 - 31/3/14
This chart illustrates the trends in uptake of training between the previous reporting year and this reporting period.

Chart 3: Trends in training in the last reporting year:

The red line illustrates training for the most recent reporting period (1st April 2013-31st March 2014) whilst the blue indicates the level of training covered from the previous reporting year (1st April 2012 – 31st March 2013). The Mandatory Equality training encompasses figures for both managers and staff – there has been a slight decrease in uptake whereas the volume of training for good relations, Human Rights and disability (these training courses are not mandatory) has significantly increased. Working Well With Interpreters figures have increased as the Northern Ireland HSC Interpreting Service continues to deliver training to staff and practitioners on how to work effectively with interpreters.
4.1. Disability Awareness Training

Trust Disability awareness training is being reviewed to ensure that it covers all aspects of disability and meets the needs of all Trust staff including those in in the community and acute sectors. A matrix on the delivery of disability training across the Trust will be created which will map in issues raised as a result of legislative reform. An audit of training venues will also be completed to ensure that training rooms are accessible.

4.2. Accessible training for staff

A review on the accessibility of all Trust learning and development programmes is being carried out to ensure that the training is accessible for all staff including those with a disability. The Trust is also working in partnership with Disability Action regarding the accessibility of forms that must be completed by staff in terms of training and how they can be adapted to reflect the needs of staff.

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

Due to the regional remit that the NIHSCIS has, training is a core function of the service to ensure that practitioners and interpreters are equipped to work effectively together.

During this reporting period, it was decided to increase the Open College Network Level for interpreters from level 3 to level 4. This involves undertaking a further upgrade for existing interpreters and amending the course content to augment the level of expertise required for new interpreters.

There have been two NIHSCIS Conversion Courses which provides interpreters who have been accredited by another interpreting agency with an induction to the NIHSCIS Central Register for qualified Interpreters. This added another 36 interpreters to the register and facilitated supply of the most requested languages.
- February / March 2013 – 20 new Interpreters
- September / October 2013 – 16 new Interpreters

A full NIHSCIS Community Interpreting Programme OCN Level 4 was held between March / June 2013 which resulted in a further 11 new Interpreters on the register.

In order to enable interpreters to interpret in the most responsive and appropriate manner during more complex health and social care interventions, Professional Development Training is provided by the NIHSCIS and practitioners to registered Interpreters in 4 core areas: Speech and Language, Social Services (focusing on Domestic Violence and Child protection), Mental Health and Maternity Services. Professional development sessions took place over these four complex areas of health with a pilot in radiotherapy interpreter training at the Cancer Centre.

<table>
<thead>
<tr>
<th>Course:</th>
<th>Date:</th>
<th>Number of Participants:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech and Language Phase 1</td>
<td>25th April 19th April</td>
<td>25 20</td>
<td></td>
</tr>
<tr>
<td>Social Services (Domestic Violence / Child Protection)</td>
<td>8th May</td>
<td>50</td>
<td>Belfast City Hospital - Post Grad Centre</td>
</tr>
<tr>
<td>Mental Health</td>
<td>9th May</td>
<td>50</td>
<td>Belfast City Hospital - Post Grad Centre</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>18th December</td>
<td>50</td>
<td>Belfast City Hospital - Post Grad Centre</td>
</tr>
<tr>
<td>Pilot trial session on Radiotherapy for Interpreters</td>
<td>12th November 2013</td>
<td>(Future efforts for implementation as a mainstream training next year)</td>
<td>Belfast City Hospital – Cancer Centre</td>
</tr>
</tbody>
</table>
4.4. **Formal Engagement with interpreters**

Three NIHSCIS Forum Meetings were convened with interpreters throughout this reporting period in Craigavon, Antrim and Belfast.

4.5. **Income Generation Training at Queens University Belfast**

The NIHSCIS has also secured Income Generation Training by delivering Working Well with Interpreter training to the 4th Year and 1st Year Students of the GP Module – Queen’s University / Belfast. During this period the service delivered training on the following dates:

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18th April 2013</td>
</tr>
<tr>
<td>16th May 2013</td>
</tr>
<tr>
<td>12th September 2013</td>
</tr>
<tr>
<td>24th October 2013</td>
</tr>
<tr>
<td>5th December 2013</td>
</tr>
<tr>
<td>13th February 2014</td>
</tr>
<tr>
<td>27th March 2014</td>
</tr>
<tr>
<td>15th May 2014</td>
</tr>
</tbody>
</table>

45 students attended per session and this will help facilitate the delivery of culturally competent services for those practitioners of the future.

Interpreting for HSC in Northern Ireland sessions were also delivered to Diversity NI students of the OCN level 4 in June and November of 2013.

4.6. **British Sign Language Training**

The Trust training team facilitates a British sign language level 1 course for Trust Staff delivered by the Physical Health & Disability Team.

The sign language course is open to all staff and is designed to teach learners to communicate with deaf people/service users using British Sign
Language (BSL) on a range of topics that involve simple, everyday language use.

This qualification is divided into three units, each of which can be achieved separately. Learners who are new to BSL should cover 101 first, as units 102 and 103 build on this knowledge. Units 102 and 103 can be taken in any order.

To achieve the full Level 1 Award in British Sign Language, candidates must pass all units. This year 9 staff successfully completed the course. Courses are provided annually and run for 30 weeks.

Other training delivered by the Sensory Support Team includes:

<table>
<thead>
<tr>
<th>Training Course:</th>
<th>Sessions:</th>
<th>Location:</th>
<th>Persons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sight Loss &amp; Deaf Awareness Corporate Training</td>
<td>x 3 day sessions</td>
<td>Trust wide at MCOC</td>
<td>X 30</td>
</tr>
<tr>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>x 1.5 Hours</td>
<td>OT Department Mater Hospital</td>
<td>X 11</td>
</tr>
<tr>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>x 1.5 Hours</td>
<td>Condition Management Team</td>
<td>X 13</td>
</tr>
<tr>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>x 1.5 Hours</td>
<td>MD Team MPH RDS</td>
<td>X 9</td>
</tr>
<tr>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>x 1.5 Hours</td>
<td>Individual Student SW’s/Nursing staff</td>
<td>X 6</td>
</tr>
</tbody>
</table>

4.7. **Inclusive Communication training for Reception staff**

Trust reception staff now receive training aimed at improving their skills when communicating with service users with a disability.

Inclusive communication is sharing information in a way that everybody can understand and enabling people to express themselves in any way they find easiest.

The specific training will be incorporated into the general reception staff training and is being developed in partnership by the Health & Social Inequalities Department and Sensory Disabilities team.
The training provides general information and facts on disability and includes tips and advice on the most appropriate ways to communicate with patients that are deaf or hard of hearing, have a learning disability or are blind or partially sighted. It also provides information for staff on how to access a sign language interpreter or an interpreter to interpret in a different language.

A number of scenarios have been devised which illustrate to staff when specific communication may be required and how staff may provide that communication. The training will be available to all reception staff.

4.8. **Dementia Awareness Sessions for Staff**

The Trust took the opportunity during Dementia Awareness Week in May 2013 to convene a series of events to raise awareness of dementia and in particular, the experience of people with Dementia in an acute hospital.

The events were targeted to both staff and the general public, including carers. The Trust worked in partnership with the Alzheimer’s Society to promote and provide information to staff and the public through information stands which will be displayed in the foyer of the Belfast City Hospital and Royal Victoria Hospital sites throughout this week.

In a partnership with the Dementia Service Development Centre, Awareness Raising sessions were organised across the acute hospital sites to inform on the Experience of People with Dementia in the Acute Hospital setting.

4.9. **Traveller Cultural Awareness Training**

Staff from Bryson An Munia Tober and the Trust have jointly developed a training package specifically for health service staff to ensure that they are aware of the health needs of this vulnerable and marginalised community. Over 50 staff have attended this during the reporting period with further workshops planned for the forthcoming year.
4.10. Awareness raising event on UNCRPD and draft Mental Capacity Bill

A regional event was held in September 2013 for Non-Executive and Executive Directors and Senior Managers on two notable legislative advances which have a significant impact on the provision of health and social care.

A number of key speakers shared their expertise on the United Nations Convention on the Rights of People with Disabilities. The Convention explains that all disabled people have and should be able to enjoy the same Human Rights as other people. It sets an international benchmark for the Human Rights of disabled people. The areas covered by the Convention include: health, education, employment, access to justice, personal security, independent living and access to information.

Chief Commissioner of the Northern Ireland Human Rights Commission NIHRC, Professor Michael O’Flaherty, and the Chief Commissioner of the Equality Commission Northern Ireland (ECNI), Doctor Michael Wardlow, explained how the ECNI and NIHRC are jointly designated as the independent mechanism to promote, protect and monitor implementation of the Convention. It is their responsibility to look at how the Convention is being implemented in Northern Ireland, and report on this to the UN Committee.

Mr Paul McGowan, Disability Equality Officer from Mencap provided insight into his personal experience as a person with a learning disability and how he actively works to improve the experience of other disabled people in the workplace or when they are receiving services, and how he has really made a difference.

Another pertinent piece of draft legislation is the Mental Capacity Bill which seeks to protect the dignity and Human Rights of those with a disability and those unable to make significant decisions for themselves. Incorporating the principles laid out in the Bamford Review, this Bill seeks to revoke the Mental Health Order 1986 and have one law encompassing Mental Health and Mental Capacity and could be hugely progressive in terms of protection and promotion of the Human Rights of disabled people. Mr Patrick McConville and Ms Alison McCaffrey, DHSSPSNI colleagues who have been responsible for drafting the Bill, provided a presentation on the
proposed legislation and how the law could bring into play greater safeguards to ensure that people’s rights are upheld and they are supported to make decisions about their health and social care

Left to Right. Dr Michael Wardlow, ECNI Chief Commissioner. Mr Paul Oakes, Statutory Duty Unit, ECNI, Alison Mc Pat DHSSPSNI, Professor Michael O Flaherty, NIHRC Chief Commissioner, Mr Paul McGowan, Equality Officer, Mencap, Mr Kevin Doherty, Acting Chief Executive, Disability Action

4.11. Scoping of Disability and Human Rights Related training

The following scoping document was provided by the Trust for the purposes of the Regional Physical and Sensory Disability Strategy training sub-group and demonstrates the breadth and range of training provided across the Trust in terms of disability and equality.

<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Target Audience</th>
<th>Delivery – By whom and how</th>
<th>Is the training mandatory?</th>
<th>Uptake Rates (if available)</th>
<th>Key Issues</th>
</tr>
</thead>
</table>
| Equality training for Staff   | All Trust staff | PowerPoint slides and hand-outs. Delivered by Equality Managers | Yes. It must be refreshed every 4 years. | (From 1/4/12-31/3/13): 1490 | ➢ Introduction to equality, diversity & discrimination
➢ Trust equality based policies & initiatives
➢ Domestic Abuse Support Service information |
<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Target Audience</th>
<th>Delivery – By whom and how</th>
<th>Is the training mandatory?</th>
<th>Uptake Rates (if available)</th>
<th>Key Issues</th>
</tr>
</thead>
</table>
| Equality training for Managers       | All Trust Managers  | PowerPoint slides and hand-outs. Delivered by Equality Managers | Yes                         | (From 1/4/12-31/3/13): 168  | ➢ Equality legislation  
➢ Removing barriers to equality  
➢ Section 75  
➢ Good Relations  
➢ Human Rights  
➢ Practical exercise  
➢ Quiz |
| Human Rights awareness training      | Any member of staff | PowerPoint slides and hand-outs and practical group exercises. Delivered by Equality Managers | No                          | (From 1/4/12-31/3/13): 33   | ➢ Where HRs come from  
➢ What are HRs  
➢ Articles of the HRA  
➢ Articles most relevant to HSC  
➢ The UNCRPD  
➢ Group Activity / case studies  
➢ Step Forward Exercise  
➢ Taking a HR Based Approach |
<p>| Human Rights awareness training for Social workers | Social Work /Social Care training and Development Coordinator |                             |                             |                             | ➢ Focus on the implications of ECHR on practice with reference to relevant case law |
| Disability                           | Any                 | PowerPoint                                                      | No                          | (From                          | ➢ Definition of disability                                                                 |</p>
<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Target Audience</th>
<th>Delivery – By whom and how</th>
<th>Is the training mandatory?</th>
<th>Uptake Rates (if available)</th>
<th>Key Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness training</td>
<td>member of staff</td>
<td>slides and hand-outs and practical exercises. Delivered by Equality Managers</td>
<td></td>
<td>1/4/12-31/3/13) 88</td>
<td>Statistics on disability Types of disability Medical &amp; Social model of disability Disability legislation DDA Reasonable adjustments Reasonable adjustments in the workplace Disability Duties Disabled Employee Network Section 75 Human Rights UNCRPD Tips for communicating with or dealing with a range of disabilities Types of visual impairment Quiz</td>
</tr>
<tr>
<td>Online Equality training (live date TBC 2014)</td>
<td>Any member of staff</td>
<td>Online training package. A PDF and Microsoft Word alternative will also be provided.</td>
<td>Yes. It must be refreshed every 4 years.</td>
<td>Training not live yet</td>
<td>Introduction to equality, diversity &amp; discrimination Trust equality based policies &amp; initiatives Domestic Abuse Support Service information Equality legislation Removing barriers to equality Section 75 Good Relations Human Rights</td>
</tr>
<tr>
<td>Discovering Diversity (regional training)</td>
<td>HSC staff across NI</td>
<td>Online training package</td>
<td>No</td>
<td>(For period 1/4/12-31/3/13) Intranet</td>
<td>Exploring fairness Understanding prejudice Dealing with difference</td>
</tr>
<tr>
<td>Description of Training</td>
<td>Target Audience</td>
<td>Delivery – By whom and how</td>
<td>Is the training mandatory?</td>
<td>Uptake Rates (if available)</td>
<td>Key Issues</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------</td>
<td>----------------------------</td>
<td>---------------------------</td>
<td>-----------------------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| Children’s’ Rights and the role if the NI Children’s Commissioner | HSC Staff Working with Children | PowerPoint, discussion and small group exercises. | No | 25 attended 2012 Course planned Sept 2013 | ➢ Raise Awareness of UN Convention on the Rights of a Child  
➢ To know the role of NI Children’s Commissioner. |
| Human Rights Act 1998– Implications for Mental Health Practice | Staff working in Mental Health | PowerPoint Presentation, case studies and discussion (Learning and Development social work / Social Care | Yes | 20-25 | Articles and key concepts within the Human Rights Act 1998  
Opportunity to explore relevant case law in relation to the Act  
Opportunity to discuss the its implications for practice |
<p>| Deprivation of Liberty | Health and social care staff | PowerPoint Presentation, case studies | no | | ➢ The DHSSPSNI Interim Guidance in relation to Deprivation |</p>
<table>
<thead>
<tr>
<th>Description of Training</th>
<th>Target Audience</th>
<th>Delivery – By whom and how</th>
<th>Is the training mandatory?</th>
<th>Uptake Rates (if available)</th>
<th>Key Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguards – Interim Guidance</td>
<td>and discussion delivered Learning and Development social work / Social Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Rights Act 1998 - Implications for Designated and Investigating Officers</td>
<td>Designated and Investigating Officers Adult Safeguarding</td>
<td>PowerPoint Presentation, case studies and discussion delivered by Learning and Development social work / Social Care</td>
<td>no</td>
<td>20</td>
<td>Revision of knowledge of relevant Articles and key concepts within the Human Rights Act 1998. Have considered implications for practice in relation to safeguarding, including recording of Liberty Safeguards October 2010.</td>
</tr>
<tr>
<td>Protecting Children with Disability</td>
<td>Social Work and other health professionals who work with children with a disability.</td>
<td>Social Services Learning and Development</td>
<td>No</td>
<td>First pilot to run in November</td>
<td>Raising awareness how children with disability are of increased risk of abuse. How to recognise, respond and report child protection concerns.</td>
</tr>
<tr>
<td>Level 1 British Sign Language</td>
<td>All Social Services staff</td>
<td>An Accredited Trainer for BSL</td>
<td>No</td>
<td>Annual course targeting 15/16</td>
<td></td>
</tr>
</tbody>
</table>
4.12. Growing Up Health Awareness Programmes

Growing Up/Health Awareness programmes in 2013/2014 are being provided for the parents of young people with Autism living in the Greater Belfast area.

The Health Improvement Consortium at Belfast Trust funded Autism NI to deliver two 2 day Growing Up/Health Awareness programmes in 2013/2014 for the parents of young people with Autism living in the Greater Belfast area.

Autism is a lifelong disability which affects the social and communication centre of the brain. Autism affects the way an individual relates to people, situations and their immediate environment. The training programmes gave parents information and strategies they needed to be able to help their adolescent child through this difficult period of transition to adulthood.

To back up this training Autism NI has developed an interactive website resource aimed at helping adolescents and young people with Autism to stay safe online and while out and about in the community getting on with their daily lives www.wethinksafe.com

4.13. Building on personal, organisational and community resilience

In this economic downturn one of the biggest challenges facing individuals, organisations and communities is stress. The wrong type of stress reduces confidence, self-esteem, creativity and innovation. If left unaddressed unhealthy stress levels can leave individuals more vulnerable to developing other mental health problems such as anxiety, low mood and depression. In recognition of World Mental Health Week the Health Improvement Department, Belfast Health & Social Care Trust, were delighted to host a half day workshop in October 2013 aimed at building on personal, organisational and community resilience, as a protective factor against mental health problems.
Presenting at the workshop was Billie Dixon who has years of experience in the field of coaching and image consultancy and the workshop focused on:

- Improving personal confidence
- Feel more motivated
- Face the facts
- Accept and deal with stress
- Feel more in control of your life.

The workshop concluded with information on what further support and training opportunities are available for individuals from community, voluntary and statutory sector to enable people to build on and strengthen the learning from the workshop.
Section 5: Communication

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

Belfast Trust continues to manage the NI Health and Social Care Interpreting Service on behalf of health and social care. The service provides minority ethnic language support in 35 different languages. In response to the increase in demand and as committed to in the Trust’s Section 75 action-based plan, the Service has added significantly to its register of professionally trained and accredited interpreters and has to date 439 active interpreters with a further 15 pending Access NI vetting.

During the reporting period, there were 87684 requests for face to face interpreting through the NIHSCIS. Overall there has been an annual increment of 12,035 (in comparison with the previous year with an increase of 11,781 requests. Since the service was formed in 2004 there has been a cumulative total of 421,228 requests.

Table 1: This table details the annual requests during the financial years:

<table>
<thead>
<tr>
<th>Year:</th>
<th>NO. of Requests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2005</td>
<td>1,850</td>
</tr>
<tr>
<td>2005-2006</td>
<td>10,257</td>
</tr>
<tr>
<td>2006-2007</td>
<td>21,283</td>
</tr>
<tr>
<td>2007-2008</td>
<td>31,284</td>
</tr>
<tr>
<td>2008-2009</td>
<td>35,103</td>
</tr>
<tr>
<td>2009-2010</td>
<td>42,516</td>
</tr>
<tr>
<td>2010-2011</td>
<td>51,734</td>
</tr>
<tr>
<td>2011-2012</td>
<td>63,868</td>
</tr>
<tr>
<td>2012-2013</td>
<td>75,649</td>
</tr>
<tr>
<td>2013-2014</td>
<td>87,684</td>
</tr>
<tr>
<td>Total</td>
<td>421,228</td>
</tr>
</tbody>
</table>
Figure 1 below shows requests by Trust area from 1st April 2013 to 31 March 2014:

The trend continues to mirror last year’s in that face to face interpreting in health and social care in Southern Trust area accounts for almost half of the interpreting provision across the region. (n.b. These figures include provision of interpreters in primary care – not just within HSC Trusts). This would be in keeping with the demographic profile of the Southern Trust area where many migrants have come to settle and work in the agricultural and food industries. Southern HSC Trust area continues to be the largest user with Belfast Trust area the second.

NIHSCIS Top 10 Languages 1 April 2013 – 30 March 2014

<table>
<thead>
<tr>
<th>Language</th>
<th>No. of Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polish</td>
<td>29717</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>15623</td>
</tr>
<tr>
<td>Portuguese</td>
<td>8385</td>
</tr>
<tr>
<td>Chinese - Mandarin</td>
<td>5397</td>
</tr>
<tr>
<td>Slovak</td>
<td>4820</td>
</tr>
</tbody>
</table>
Eastern European languages continue to feature in the most requested languages with three of them in the overall top 5, along with Portuguese and Chinese Mandarin. Tetum is a language spoken in East Timor (and has been influenced by Portuguese. There is a variance across the region in demand for the top languages.

### 5.2. Review of Interpreting for Health and Social Care in Northern Ireland

As stated previously, Belfast HSC Trust has managed the Northern Ireland HSC Interpreting Service since 2007 and therein managed an unprecedented growth in demand for interpreting. Management of the service has been overseen by the Health and Social Inequalities Manager within the Trust. In conjunction with the ethnic changes in Northern Ireland’s demographic profile, the NIHSCIS has witnessed a significant increase in the volume of requests for ethnic minority language support in health and social care interventions and appointments. In spite of this annual increment in terms of volume, the service has continued to operate within the initial budget allowance of £168K. There are now over 430 professionally accredited and trained interpreters in a range of 35 different minority ethnic languages.

In January 2012 the Health and Social Care Board initiated a review of the provision of language interpreting and written translation services for health and social care in Northern Ireland. This was in response to an approach made by Belfast Trust in regard to ensuring that the service was fit for purpose and that arrangement and mechanisms were reviewed in light of the growing demand. The Review concluded in June 2013 and at the Board meeting of the Health and Social Care Board on 8 August 2013 the recommendation that the Review’s findings should be subject to a period of public consultation was approved. The HSCB announced the consultation on 16 September 2013 for a period of 13 weeks until 13 December 2013.
A steering group was established during the review period and Trust Equality Leads were instrumental in ensuring that the principles of equality and Human Rights were high on the agenda.

5.3. Recommendations

The Review made a number of recommendations. The Review recommended that interpreting and translation services should be delivered on the basis of a regional shared service provided by the Business Services Organisation. In addition, it recommends that efforts should be made to significantly re-profile the usage of the interpreting service to achieve a more appropriate balance of face to face and telephone interpreting, potentially increasing telephone interpreting from the current level of 7% to around 50% of all activity. Such a shift would mean that by March 2016, the estimated cost for the total service for face to face and telephone interpreting would remain broadly at current levels while potentially offering a more flexible and appropriate service to both referrers and users. Other recommendations include the requirement for freelance interpreters to pay an annual registration fee, the streamlining of funding arrangements, the need to improve activity coding and information management and ensure the coordinated use of written translation services across the region’s health and social care settings.

5.4. Outcome of the Consultation

44 submissions were received in response to the consultation document, from a range of sources including HSC Trusts, individual Trust staff, general practitioners and practice staff, interpreters and voluntary organisations. Respondents were asked to consider the nine recommendations of the Review and to indicate agreement or disagreement with each, with the option to provide additional comment.

The majority of those who responded were in broad agreement with the Review recommendations. In addition to highlighting a number of specific issues several general overarching points were common to many responses:
The Regional Interpreting Service currently provided by Belfast Trust is regarded as a high quality service.

Equality of access, quality of service and appropriateness of provision are fundamental considerations for language interpreting and written translation services.

There is a need to improve awareness of the language interpreting service.

Service users should be actively involved in the proposed process to reshape the service.

Service users, including parents of children, should have access to effective methods of providing feedback on the quality and availability of interpreting services, including access to a complaints process.

It is important to ensure that implementation of any of the Review recommendations does not cause disadvantage to any group of service users or staff.

To ensure value for money appropriate procurement procedures should be employed in reshaping the services and economies of scale should be sought by considering partnership arrangements with other statutory organisations.

The impact of Transforming your Care should be acknowledged in relation to future needs as home based care, day procedures and ambulatory care will increase.

There is a need to ensure improved access to English language classes for minority ethnic individuals.

### 5.4.1. Proposal to re-profile face to face and telephone interpreting.

There was a generally held view among respondents that there is a need to achieve a more appropriate balance of face to face and telephone interpreting but many regarded the shift of telephone interpreting from 7%
to potentially around 50% of total provision as too ambitious. The view expressed by the majority of those who highlighted this recommendation as a key issue was that clear and unambiguous guidance is needed to ensure appropriate use of the various forms of interpreting.

5.4.2. Development of guidance to ensure the appropriate use of written translation services.

Respondents agreed with this recommendation and several advised that guidance should follow the BSO Accessible Formats Policy and the Plain English Campaign guidelines.

5.4.3. Proposed delivery of interpreting and translation services as a regional shared service provided by the Business Services Organisation.

The majority of consultees supported this proposal and stressed that the chosen model of provision should promote equality of access and consistent service quality across the region.

5.4.4. Proposal that interpreters should be required to pay an annual registration fee.

There was support for this proposal with the caveat that the fee system adopted should be fair and appropriate to the wide range of employment and income levels available to interpreters within the service.

5.4.5. The use of technology to ensure efficient deployment of interpreters.

The exploration of a wider range of options in addition to telephone interpreting was encouraged by consultees, including Skype, Face Time and video conferencing, subject to appropriateness, data security and equipment cost.
5.4.6. Establishment of a regional advisory group to oversee the delivery of interpreting and translation services.

Respondents all agreed with this recommendation and stressed the need to ensure service user representation and the development of effective links with other relevant networks such as the Patient Client Council, the Public Health Agency Minority Ethnic Forum and local Trust minority ethnic groups.

A post consultation steering group was established and chaired by the Director of Commissioning at the Health and Social Care Board. This group comprised representatives from Belfast HSC Trust, the HSC Board and the Business Services Organisations - to whom the service will transfer in October 2014).

This group has been responsible for overseeing implementation of the recommendations and six workstreams have been established to take forward the following areas of work:

- Workstream 1: Governance and Accountability
- Workstream 2: HR and Staffing
- Workstream 3: Accommodation
- Workstream 4: Planning of proposed new model of service
- Workstream 5: IT Systems
- Workstream 6: Management arrangements within BSO.

In addition to this Belfast Trust had successfully secured £50K of capital monies to overhaul the original database and develop a web based system to enhance the processes and effectively facilitate the receipt and processing of requests. This work has been underway in partnership with Yarra and in collaboration with Business Services Organisation to ensure that it is compatible when the NIHSCIS transfers on 1st October 2014 to management under Business Services Organisation.
An annual review of the NIHSCIS Code of Ethics, Good Practice and Terms and Conditions for Interpreters was conducted in August 2013.

5.5. **Staff Care Support to Interpreters**

In recognition that interpreters are often exposed to sensitive and traumatic sessions during health and social care appointments, the Trust has provided the opportunity for interpreters to avail of free and confidential counselling services through Staffcare.

5.6. **Continuous Performance Monitoring of Interpreters through:**

- NIHSCIS Forum Meetings
- Practitioner Monitoring Forms responses
- Complaints system and procedures
- Managerial Supervision of Interpreters 1-1’s as requested.

5.7. **Participation and input at Ethnic Minority and Forums, Seminars and Events promoted by local Government, Councils, Voluntary and Community Organisations**

- South Eastern Domestic Violence Partnership – Guest speaker NIHSCIS 24th October 2013
- Broadening Horizons Conference – 09th October 2013 – Guest Speaker NIHSCIS in partnership with Craigavon Intercultural Programme
- FLAC (functional language across countries) Release of a Speech and Language Assessment Tool in partnership with the BHSCT SLT Department in 7 different languages officially published by – Black Sheep
Close working continues with the Speech and Language Therapists (SLT) and the NIHSC Interpreting Service. One of the core professional development sessions for interpreters is on effective communication whilst interpreting at Speech and Language Therapy appointments.

5.8. The Speech-Language Therapy (SLT) Service within BHSCT

The SLT Service within the BHSCT embraces cultural and linguistic diversity and welcomes the opportunity to work with families who are bilingual.

A group of Speech-Language Therapists in BHSCT devised a language sampling resource, which has been supported by professional input from a range of staff within Northern Ireland Health & Social Care Interpreting Service. The resource is called FLAC - Functional Language Across Countries and has been developed following a robust appraisal of the literature and research into bilingual language use, bilingual language development, assessment and impairment.

FLAC is a language sampling resource that allows users to examine the emerging communication and language skills of children* in a range of languages. It is an inclusive tool which supports consistent interpreting and recording practices and engages parents in the assessment process.

To date FLAC has been developed in thirteen languages for use within SLT for use in their own service. There is a process of on-going monitoring and revision of each. Four versions of FLAC Polish, Spanish, Slovak and Lithuanian are currently available for purchase world-wide, through Black Sheep Press (England).
In 2004, CPLOL created European Day (EU Day) in order to increase awareness of the SLT profession throughout Europe. CPLOL refers to the Standing Liaison Committee of Speech and Language Therapists / Logopedists in the European Union. The acronym 'CPLOL' refers to the French name: Comité Permanent de Liaison des Orthophonistes / Logopedes de l'Union Européenne.

It was considered essential to develop public awareness about communication disorders, their effect on human health, the rights of patients with communication disorders and ways to help them. The message of EU day is that the prevention of communication disorders may gain by sharing knowledge and experience throughout Europe. With that in mind, one theme is proposed each year, and where possible, a common slogan and shared materials are used.
The theme of the European Day 2014:

Multilingualism
"Many languages, Many cultures, One communication!"

The following poster was developed by the SLT with lead responsibility for bilingualism in the Belfast Trust and was displayed across many facilities to raise awareness of bilingualism and speech and language therapy.

European Day of Speech and Language

6th March 2014

Across Europe, more people speak two languages than speak only one

Being bilingual has many benefits: bilingual brains make decisions more quickly and have protection from ageing; bilingual children have enhanced language abilities.

Many people believe that bilingual children talk later because they are learning two languages; this is untrue.

Bilingual children are no more and no less likely to experience language difficulties than children who speak only one language.

Speech-language therapists work with children who have difficulty with language or with speaking. This includes bilingual children.

Contact our speech-language therapy staff if you are concerned about your child’s speech and language development.

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5.9. **Disabled Employee Network**

The Disabled Employee Network launched its new microsite on the Trust intranet in May 2013.

The site aims to provide useful information about disability related issues and will keep people up to date with information such as disability days and stories from disabled members of staff.

It also provides details on dates and venues for DEN meetings.

5.9.1 **About the Network**

The Disabled Employee Network aims to take forward initiatives designed to ensure that disabled staff play a full role in the Trust, promoting a positive culture and highlighting the contribution of disabled staff. It provides a chance for disabled staff to get involved in the decision making process on issues affecting them and to make a positive contribution to our workplace.

5.9.2 **The Hub for the Disabled Employee Network offers the following information:**

- What is the Disabled Employee Network which includes a news section
- What support is available which gives links to external agencies as well as Trust information
• A guide to Reasonable Adjustments
• Contact information for the Disabled Employee Network
• Resources that are available including relevant policies and minutes from previous meetings.

The launch of the Disabled Employee Network’s Hub page is an exciting step forward to raise the profile of disability related issues within the Belfast Trust and to communicate them as widely as possible across the Trust.

5.10 Anti Homophobia/Transphobia Week 2014

The Trust marked Anti Homophobia/Transphobia Week from 12\textsuperscript{th} - 18\textsuperscript{th} May by advertising information about various seminars, events that were scheduled to take place that week. It also took the opportunity of communicating the See Me Hear Me Guidelines which were developed to support residential, day and domiciliary care providers meet the needs of older LGB&T people and have been endorsed by RQIA. The Trust intranet showcased the new microsite from the ECNI on Sexual Orientation More Equality.

5.10.1 The following synopsis of facts was disseminated across the Trust via the hub:

Prejudicial Attitudes - Discrimination and prejudice limit the ability of LGB people to live autonomous lives and to fulfil their potential. It can restrict their ability to access or remain in employment or access day to day services. (Equality Commission for Northern Ireland).

5.10.2 Hate Crime – Research by The Rainbow Project into LGB people’s experiences and perceptions of homophobic hate crime and policing in Northern Ireland found that one in five (21\%) of LGB people had been the victim of a homophobic hate crime in the previous 3 years.
5.10.3 Mental Health Issues (The Young Life and Times) - Young people sexually attracted to the same sex were significantly more likely to have poor mental health and to say they had been bullied at school. The Bamford Review of Mental Health and Learning Disability (2005) recognised the higher risk of mental ill-health faced by LBG people.

5.10.4 Older People - A local study by the Rainbow Project and Age NI (2011) on making care homes more inclusive for LGBT people identified a lack of staff training aimed at improving practice for LGBT people; a lack of processes to identify the sexual orientation of people and generally residential care being predicated on the assumption that all residents are heterosexual.

5.11 Telling It Like It Is (TILII)

TILII are advocacy groups of men and women with a learning disability that come together to speak out about what matters to them. TILII groups are facilitated by ARC NI and funded by the Belfast and South Eastern Health and Social Care Trust.

Established in 2005, TILII members have been working over the past year to develop and enhance the project. TILII members from across the groups came together to create the new logo, ensuring the ethos and aims of TILII are reflected. The TILII Project Ultimate Goal is to make a better future for people with a Learning Disability. TILII members wanted a new logo that would be recognised across Northern Ireland and reflect what TILII is all about.

TILII has existing groups in Belfast, Lisburn, Bangor, and Muckamore Abbey Hospital. The Telling It Like It Is (TILII) groups launched their new logo on Thursday 20th March 2014 at the ARC NI office, Belfast.

“A new logo is bringing new life to TILII, it shows like flowers people with Learning Disabilities are living and need help to grow and develop, TILII is rising up” said Robert from TILII.

The TILII Groups offer training sessions to decision makers, regulators,
funders and staff across the Trust areas. TILII deliver training to education people working with adults with a learning disability on how to provide the right support. TILII members offer an exclusive, personal insight into living with a learning disability and know first-hand the important issues that others need to be aware of. Issues discussed in training are Person Centred Planning, Respect, Privacy, Communication, Relationships, Right and Attitudes.

5.12 Guide to Making Communication Accessible for All

As part of their Disability Action Plans (DAP) and the findings of the Audit of Inequalities, as well as research and engagement with colleagues representing the Disability sector, Trusts created a ‘Guide to Making Communication Accessible for All.’ This is a quick reference Guide for staff across all Trusts in an effort to increase and improve communication. The initial Guide was subject to annual review, which was led by the Belfast Trust in 2013/2014.

Everyone has the right to communicate and there are many different ways to communicate such as speaking, writing, sign language, photographs, pictures, symbols, objects, electronic aids as well as non-verbal communications such as facial expressions, body language, sounds and gestures. In Northern Ireland, some people face barriers in communicating due to disability.

Having difficulty in communicating can isolate a person and make it hard to access services, education, get a job, make friends, stay safe and have good mental health.
The communication barriers faced by people are often caused by other people and poor environments. Complaints received by Health & Social Care services are frequently based on poor communication. We all have a responsibility to make changes to our communication so that people who face barriers in communicating are treated equally and not excluded. We can do this by making changes to our own communication, creating communication friendly environments and recognising and valuing all the different ways people can communicate.

The Guide to Making Communication Accessible for All will:

- Help staff think differently about your communication, be aware of the legislation in place, and understand how they can change to enable more positive outcomes and experiences for people who may need support to communicate
- Increase awareness of a wide range of people who experience difficulty in communicating
- Help create communication inclusive environments to support people to communicate in a way that suits them.

The Guide looks at a range of disabilities and offers advice to improve:

- Face to Face Communication
- Telephone Communication
- Written Communication
- Information on the Internet and websites.

The document is colour coded for ease of reference and will be printed and distributed across Trust staff in Summer 20114. The Guide will be subject to continuous annual review in partnership with colleagues from the disability sector, as committed to in the Trusts’ Disability Action Plans.
5.13 Breaking Barriers and Opening Doors : An Inclusive Society for All

December 3rd was International Day of People with Disability and is observed internationally and promoted by the United Nations. It aims to promote an understanding of disability issues and support the dignity, rights and well-being of persons with disabilities. People living with disabilities, their families and carers, local voluntary organisations and health and social care professionals have an essential contribution to make in breaking down barriers and opening doors in building an inclusive society for all. This was the key message from the Breaking Barriers, Open Doors Conference, an event organised by the Health and Social Care Board to mark International Day of Persons with a Disability.

Speaking at the event, Bernie Kelly, Physical and Sensory Disability Service Manager at Belfast Trust, said: “Belfast Trust is working in partnership with the Health Trusts, the HSCB, voluntary sector, service users and carers to implement the regional Physical and Sensory Disability Strategy. The International Day of Persons with Disabilities is an important opportunity to look at how we can make a real difference and improvement to the lives of people with disabilities.”

The provision of work experience opportunities for people with disabilities is a key objective of the Trust’s Employment Equality and Diversity Plan, Disability Action Plan and the Trust Disability Steering Group. In order to meet this objective the Trust has agreed to facilitate a minimum of 15 work
placements per year throughout the Trust. As the largest public sector employer in Northern Ireland and with a diverse range of job types, the Trust is best placed to provide placements in a number of areas.

5.14 Help Stop Choking

A unique project involving a service user with learning disability bagged one of the top prizes at this year’s Patient Safety and Care Awards in London.

Belfast Trust Speech & Language Therapist Angela Crocker working with service user, John, and the Learning Disability Team won this prestigious award under the category “Preventing Avoidable Harm, by developing a DVD called ‘Help stop Choking’.”

Presenting the award, the judges commended Angela and John on the uniqueness of the project, which was the only one to include a service user and they referenced the huge impact the DVD could make by preventing avoidable deaths by choking. The judges said that this DVD should be used by all Learning Disability services across the UK as core training and awareness raising for both staff and service users.
5.14.1 About the DVD

Angela worked with John, and the Learning Disability Team in the Trust to develop the ‘Help stop Choking’ DVD. ‘Help stop Choking’ an accessible DVD based on a service user’s experience to help increase awareness of choking, promote safe eating strategies and reduce avoidable mortality and adverse harm effects from choking. John hopes that by sharing his story it will help to improve service user experience and help other people reduce their risk of choking.

Choking has been identified by the National Patient Safety Agency as one of the leading causes of preventable death in people with learning disability. The DVD could also be useful in other services including Dementia care where the risk of choking is significantly higher. Please watch our ‘Help Stop Choking’ song on YouTube.
Section 6: Data Collection & Analysis

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

The Northern Ireland Health and Social Care Service gathers and collates statistics on usage of the service and regional linguistic trends. This helps formulate an estimate of future usage and where interpreters in certain languages will be needed, thus informing future registration of interpreters onto the register.

**Figure 2: Number of Requests per Trust area 1 April 2013 - 31 March 2014**

The Service provides information according to Trust area and in terms of the most requested languages. It also details the number of non-provisions and any out of hours activity to facilitate mapping of future service usage.
This information has provided critical in the review of the interpreting service and has informed projections for the future.

**Figure 3 : Out of Hours appointments per Trust 1 April 2013 - 31 March 2014**

- Belfast Trust area has the highest usage of out of hours appointments whilst Southern Trust remains the highest user of the service overall.

The new Yarra web based system for NIHSCIS will allow for even better monitoring of information and data with drop down menus instead of free text to ensure that data is consistently entered and coded. It is envisaged that this new IT system for NIHSCIS will be ready in February 2015 and will facilitate better data correlation and reporting.
6.2 Update of S75 - Themed Inequality Audit

HSC Trust Equality Leads completed an update of the themed inequalities Audit in June 2013. The updated audit was utilised to inform HSC Trusts’ revised action based plans to accompany revised Equality Schemes. The Plans are aimed at tackling inequalities in Health and Social Care. As with previous updates the division of categories was as follows:

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Lead HSC Organisation for Collecting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Belief</td>
<td>Southern HSC Trust and South Eastern HSC Trust</td>
</tr>
<tr>
<td>Political Opinion</td>
<td>Southern HSC Trust and South Eastern HSC Trust</td>
</tr>
<tr>
<td>Racial Group</td>
<td>Southern HSC Trust and South Eastern HSC Trust</td>
</tr>
<tr>
<td>Age</td>
<td>Northern Ireland Ambulance Service and Northern Ireland Fire and Rescue Service</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Belfast HSC Trust</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Business Services Organisation, and Western HSC Trust.</td>
</tr>
</tbody>
</table>
6.2.1 Trust Community Profile

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

Belfast has the highest concentration of disadvantage with 7 out of the worst 10 wards (3 North, 3 West, 1 Shankill) and 12 out of the worst 20 wards on the NI Multiple Deprivation Measure (NIMDM) 2010 (also known as Noble Measure). (The NI Multiple Deprivation Measure 2010 includes an overall NI rank and score for each electoral ward, and it is divided into 7 domains - Income, Employment, Health, Education, Proximity to Services, Living Environment and Crime and Disorder.)

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

6.2.2 The Purpose of these profiles

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

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

6.2.3 Gender Equality in the Public Sector

As reported in last year’s annual progress report the, Professor Joan Ballantine, University of Ulster’s initiated a survey of Male and Female Employee Views of Gender Equality at Executive/Senior Managerial Levels in the Northern Ireland Public Sector

The survey was aimed at investigating a number of:

• Gender equality issues at executive/senior managerial levels in the Northern Ireland (NI) Public Sector and issues which have or may affect an individual’s career aspirations to reach a senior position within the public sector

The survey is part of a wider project which is funded by the Office of the First Minister and Deputy First Minister (OFMDFM). The research is being conducted independently of OFMDFM by staff at the University of Ulster.

The Trust looks forward to receiving the findings from the research. Progress will be picked up and reported in the next year’s annual progress report.
6.2.4 Ethnic Monitoring Project

The ethnic monitoring project has been rolled out to Child Health System, NIMATS and SOS CARE. Forms will be mandatory to ensure that the ethnic field is completed.

*Child Information System and & NIMATS Update*

Ethnic monitoring went live on the NIMATS system in May 2013 and is working well.

6.2.5 Ethnic Monitoring Guidance

A Guide to the Ethnic Monitoring of Service Users in Health and Social Care in NI has been finalised following a period of consultation and has been endorsed by the Regional Information Group (RIG). A launch of the Guidance and supporting materials is scheduled to take place 17th September 2014 to which a range of key stakeholders will be invited.
Section 7: Information Provision, Access to Information and Services

7.1. Carers Week 10 - 16 June 2013

Carers’ week provides an opportunity to recognise and celebrate the major role carer’s play in providing care and support to people who are sick, frail or disabled.

During Carers Week in June 2013 Belfast Trust will provided and facilitated a number of events to promote the health and well-being of carers and will also be targeted at staff who are also carers.

The theme was “Prepared to Care?” and sought to encourage thinking and debate about how carers cope.

Lynne Calvert Carers Co-Ordinator, David Livingstone Carer, Margaret McDonald Carers Coordinator, Catherine McNicholl Director of Adult Social and Primary Care, Peter McNaney Chairman and Helen Ferguson Director of Carers NI

A new Carers Information Pack was launched in Grosvenor House as part of the Trust’s Carers week celebrations. The new folder pack contains information on carer assessment, support services and carer involvement.
It also covers information on money matters and what support carers should expect in the hospital setting. These packs will be widely available in community and hospital settings for newly identified carers. Trust services and teams will then have the opportunity to tailor the pack to include other specific information that individual carers may need.

Every day in the UK 6,000 people start caring. Becoming a carer can impact significantly on a person’s life – it takes time, energy, can leave you isolated and can be costly. Through Carers week, the Trust seeks to help those already caring to make sure they are accessing all the practical and emotional support they need to care safely and look after themselves. Recognition by professionals, and others who impact on carers day-to-day lives, can help make a massive difference.

Within the Belfast Trust area, over 40,000 people have identified themselves as carers. However, it is also known that a significant number of people do not see themselves as carers and therefore remain hidden and without support.

7.2 Shopmobility

Patients and visitors to the Royal Hospitals that have restricted mobility, benefited from the use of Shopmobility vehicles for a total of 1085 hours over the last year. A total of 500 service users accessed the service in the last 12 months bringing the cumulative total since its establishment in 2008 to 4509. The service, which is aimed at ensuring equality of access to services, offers service users and visitors free hire of mechanised scooters and self-propelling wheelchairs, enabling users to maintain their independence when attending appointments.
7.2.1 Volunteers

As well as providing the Shopmobility service, Shopmobility volunteers provide a meet and greet service and will deliver equipment to patients at the car park or another agreed location within the hospital to assist patients attend appointments independently. The volunteers are also an important source of sign posting and providing information to patients. They have been trained on first aid to ensure they are equipped with the necessary skills should a patient or visitor require immediate assistance.

7.2.2 Sighted Guide Scheme

Working in partnership with Shopmobility, a Trust staff member that is partially sighted, trained Shopmobility volunteers as Sighted Guides. This enables patients or visitors that are blind or partially sighted to request a Shopmobility Sighted Guide to accompany them to their appointment or destination. Shopmobility staff and volunteers have also provided Trust staff with training on Disability, specifically on limited mobility.

7.2.3 The aim of the Shopmobility service is to:

- Reduce health inequalities by ensuring access to services for patients and visitors with restricted mobility
- Assist patients and visitors to maintain choice and independence
- Implement Section 75, Human Rights and Disability Discrimination equality legislation.
7.2.4 Benefits of Shopmobility:

- Equality of access for people with a disability that limits their mobility—either through permanent or temporary disablement, illness
- Implements Trust’s overall aim of reducing health inequalities
- Provides safe, high quality effective service
- Meets Trust legislative obligations in regard to equality, Human Rights and disability.
- Meets Trust values by protecting the respect and dignity of patients
- Service provides value for money and makes best use of resources
- Shopmobility meets objectives advocated by Disability Action and IMTAC (Inclusive Mobility and Transport Advisory Committee) in their ‘Position Paper on Car Parking for Disabled People and Older People at Health Service Buildings in Northern Ireland’.
- Shopmobility scheme addresses issues highlighted in the Patient and Client Council paper – *Transport Issues in Accessing Health and Social care 2013*, which point out the difficulties experienced by patients with a physical disability or limited mobility relating to the distance left to walk at end of a journey once they reach their destination.
7.2.5 Steering Group

The Shopmobility initiative is managed by the Trust in partnership with Shopmobility. A Shopmobility Steering group, chaired by a Trust Equality Manager is comprised of the Director of Shopmobility, volunteers and key Trust staff from a range of service areas. The Steering group organise an annual publicity campaign which includes a Shopmobility Road Show at the Royal Hospitals. They meet on a quarterly basis to monitor and review the service. Due to the success of the service and the growing demand, the steering group, over the last year, reviewed the service and are assessing options to for possible expansion of the service to other hospital sites.
7.3 Award winning project for homeless.

A Belfast Trust Project led by specialist Nurse, Susan Semple, aimed at improving the health of the homeless and deprived people has received the national Bevan prize for Health and Wellbeing.

The award, which originated from Andrew Bevan, the architect of the NHS, recognises individuals and organisations who have demonstrated an outstanding contribution to health and wellbeing in the United Kingdom in the last year.

Susan works with the homeless and the organisers of the awards said that she significantly improved the health of one of Northern Ireland’s most deprived and hard to reach communities. As well as managing to get 98% of the people who use the service to register with family doctors, she has established a series of nurse-led holistic clinics across Belfast which offer checkups, vaccines and develop healthcare plans for patients to help them when they are discharged from hospital.

'Lobbied tirelessly'

The award organisers said Ms Semple had helped to "break down barriers to access to health care and provide demonstrable health and social care benefits to the homeless population." She has lobbied tirelessly to secure service improvements and to increase awareness of their plight, promoting the needs of those who are often overlooked," they added.
7.3.1 Background

The single homeless health care project came into being as a result of an increase in the number of homeless people presenting to the local community nursing service for crisis health care intervention. In 1996 a three year project funded by the Belfast Regeneration Office to research the health needs of this population was granted. Findings from this research highlighted:

- Lack of willingness on the part of the homeless population to access mainstream services due professional attitudes and stigmatisation
- A tuberculosis screen of all inner city Belfast with no active TB found
- A clear link between homelessness and ill health
- Homeless people had poorer health than that of the general population
- There was Lack of Access to mainstream quality health care services.

Following these researched findings the service was mainstreamed in 1999.

7.3.2 Actions Taken

Today Single Homeless Health Care is a dedicated advanced nurse led initiative, operational amongst an identified group of single homeless people within the Belfast Health and Social Care Trust. The service has expanded since 1999 from 4 temporary hostel accommodations in North Belfast to 23 homeless facilities across the Belfast Trust Area, including night crash facilities and a day centre for those who street sleep or who may be at risk of losing their own accommodation. Presently, we are the only service in NI dedicated primarily to meeting the physical health needs of this population and have been recognised as a model of good practice by a range of organisations. The service has received excellence awards both at home and in the UK.
7.3.3 Homeless Statistics

The Northern Ireland Housing Executive figures (2012/13) indicate that the homeless population of Northern Ireland has reached a staggering 19,500 – the single homeless have consistently accounted for over 50% of this total figure. These figures do not account for the hidden homeless problem and demonstrate the need for services as the homeless problem isn’t going away. NI is also seeing a substantial increase in the ethnic minority populations many who are at risk of or are already homeless. Homelessness affects all age groups with a growing number of young people, females and the elderly.

The adverse effects of homelessness and health have been well documented – this is true for a wide range of health issues: diet and malnutrition, substance misuse, mental illness, sexual health problems, infectious diseases and problems related to living conditions (respiratory, hypothermia, trench foot) and lifestyles (cardiovascular disease). Many of these are minor healthcare problems which if untreated become life threatening or chronic disorders and may represent a potential public health risk. It has been our experience that homeless people expend tremendous energy on survival strategies such as food, warmth, shelter and a place to rest and only then do they consider their health.

The Belfast health and Social Care Trust Homeless Public Health Nursing Service seek to provide culturally competent and evidence based care that acknowledges the diverse nature of the client group and addresses their complex individual needs. Models of nursing, homelessness and health promotion are the theoretical frameworks on which we base good practice.

7.3.4 Service Aims

- To assist homeless people to improve their health and health their care experience
- To ensure equality in accessing health care services and equality in health outcomes
- To remove stigma and seek respect and dignity.
7.3.5 What is offered

“Door Step” delivery of health care through one to one open access clinic sessions. These clinics are held on a weekly basis within the hostel setting; this allows for consistency of care, monitoring, evaluation and follows up. Assistance with GP/Dental registration is offered, as the GP currently remains the gatekeeper to most other mainstream health care services. The Health Care Co-ordinator, also a qualified nurse practitioner is able to compliment the GP role with her skills in the physical examination of the client and ability to carry our differential diagnosis. Also her extended role as an Independent and Supplementary prescriber ensures timely access to treatment and medication for the homeless client group. Prescribing appropriate, timely medication has allowed treatment at the point of access for this group especially for acute infections, skin conditions, infestations problems, sexually transmitted infections, and wound care and pain relief. It has also prevented unavoidable use of hospital accident and emergency services. Opportunistic health education is encouraged as the transient nature of the client may mean they will ghost out of the system.

Providing a dedicated service that operates outside the traditional box of health care means the client is more likely to make contact about health issues. Follow up and monitoring of conditions and treatment for this transient group is also greatly improved. Independent prescribing has made a real change to those homeless that do not have General Practitioner registration such as those who street sleep and the increasing immigrant homeless population many of whom will not access formalised health care.

Referrals care pathways and liaison with other health professionals are co-ordinated according to the needs assessment of the client. However it is also acknowledged that even when services and appointments are arranged that often for multiple reasons the homeless person may not turn up. It may take several attempts to gain their trust and encourage them to engage with other services. Non attendance and non concordance to treatment in a target driven health service requires understanding of the client group and empathy from other professionals and can prove problematic when working in this area.
A large part of the service ethos is public health and incorporates health promotion/education programmes. These cover a wide range of relevant lifestyle related health issues. Specialist Clinic sessions also held within the hostels include podiatry, dental, ophthalmology screening, dietetic screening, cervical cytology and immunisations.

7.3.6 Results Achieved

The uptake of the services is a clear indication of the success of our doorstep delivery and attendance at the specialist screening clinics has been positive with some three hundred people accessing our service per month. Some 800 homeless clients have attended for podiatry over a one year period and research into the dental health of this population which is still ongoing involved screening to date 500 clients over a one year period. The health promotion programmes include a holistic health approach and look at areas of education, housing issues, training and employment, benefits advice, building self esteem, lifestyle and related health issues. These have been received and well attended and help prepare some clients to integrate back into the community. Attendance at these sessions also proves that homeless people contrary to popular belief do care about their health. By involving other organizations and professionals to participate in the programmes has changed and challenged the negative perceptions many people had previously held concerning homeless people.

We provide training for hostel staff in areas of Infection Control, HIV/AIDS, hepatitis C, Chronic Disease Awareness, Vulnerable Adults and Child Protection awareness. This protects both clients and staff and dispels myths and fears about many conditions. We have in the past been invited into the local major universities to give seminars to other professionals as part of their academic study and have taken part in training for the local police service to enable a more empathetic approach towards our homeless population.

7.3.7 Lessons Learned

The success of the service has been the integrated multidisciplinary team approach and demonstrates the difference to health care that can be achieved when we work with a common goal for the good of the homeless
clients. This has included involvement in strategies with housing, health and government and in promoting social inclusion of homeless people. It has also been about thinking outside the traditional box, being innovative in health care delivery and challenging the way we provide services. This may include outreach and night shelter working to meet the needs of those who often fall through the net in terms of health care. Paramount is accepting the homeless person for whom and what they are and delivering health care in an environment where they are comfortable and feel safe. It is about making the homeless feel a sense of ownership of the service involving them and asking what their needs are and just not delivering services we feel they need.

Advocacy has been at the core of the nursing function for this client group both in highlighting the needs of this population to all the relevant agencies and other health care professionals and empowering the homeless client through appropriate information help and advice in making informed life choices.

It has been said that the measure of a civilized society is judged by the care it gives to its most vulnerable.

7.3.8 Future Vision

- A Centre of excellence dedicated to helping the homeless and all those vulnerable within the Belfast area and beyond
- Multiagency/multidisciplinary partnership working to provide services that homeless people require to improve health outcomes and support to enable them to integrate and be accepted back into society
- The provision for services that assist rural areas that may have smaller populations of homeless people via setting up satellite type hubs.
7.4 Bradbury Health & Wellbeing Centre

Bradbury Health & Wellbeing Centre is a relatively new building providing a range of health and social care services in South Belfast. Whilst the building conforms to legislative requirements in terms of accessibility, the Trust recognises that there may be further enhancements regarding accessibility in order to eradicate barriers to access, therefore a project has been undertaken by Belfast Health & Social Care Trust to make the Bradbury Centre an exemplar gold standard premises; one which goes beyond the legislative requirements and strives for the highest possible standard of accessibility. In addition, any learning from this project will be used to form a blueprint for the design of future Trust new builds or major renovations. This project formed part of the Trust’s Disability Action Plan.

A project group comprising experts from pan-disability backgrounds was formed. The group included Trust staff as well as disability representative organisations. Numerous service-user audits were conducted, covering all major areas of disability, an accessibility audit took place, and a survey of the staff who work in the building was carried out to gauge their opinions on issues relating to access. The feedback from each of these initiatives has been collated to form a list of recommendations for improving accessibility at the Bradbury Centre.

As well as a number of recommendations relating to physical access, ideas in the plan include creating a video to show service users how to access the building, where the car park, reception areas etc. are in order to minimise any uncertainty upon arrival. This could be particularly useful for children with Autistic Spectrum Disorder. Improved signage and lighting have also been proposed, as well as the creation of a quiet area for service users, and the introduction of basic Sign Language training for front of house staff. There are more than 50 recommendations at present, which it is hoped can be introduced over a period of time.

Importantly, the recommendations emanating from the Bradbury project provide the Trust with a clear guide on how to ensure our premises are not just accessible in line with legislation, but are as accessible as they can possibly be and are seen as a gold standard in this area.
7.5 Complex Needs Team

The Trust launched a new service for children with complex physical health care needs in August 2013. Called the Complex Needs Team, it is specifically designed to ensure a seamless service across disciplines and Trusts.

The complex needs team is an interdisciplinary team which involves professionals from various services, namely:

- Community Children’s Nursing
- Dietetics
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Children with a Disability Social Work Team.

The team offers an individualised assessment/treatment programme with agreed goals for each patient. As there is a huge variation of need, the duration of intervention will vary greatly between children, and the level of intervention will be determined by the therapist. Some children may require input from one service, whereas others may receive input from all members of the team.
This service is aimed at children who have:

- Acquired complex needs as a result of trauma
- Congenital conditions resulting in complex needs
- Children with complex needs who are life limited and require urgent intervention for discharge home and management in the community.

### 7.6 Fit for Circus

A very special display of circus skills was exhibited at Orchardville Day Centre recently to showcase the talent by adults with a learning disability who attend the 7 Day Centres throughout Belfast Trust:

- Everton Day Centre
- Fortwilliam Day Centre
- Mica Drive Day Centre
- Orchardville Training & Resource Centre
- Edgcumbe Day Centre
- Mount Oriel Day Centre
- Suffolk Day Centre.

The Trust’s Health Improvement Department’s Consortium budget supports new and innovative projects which promote health and reduce inequalities in health. With this funding, Streetwise Community Circus have been able to take circus workshops into Day Centres allowing everyone the opportunity to participate.
The Health Improvement Consortium funding has enabled adults with a learning disability the opportunity to access activities within the community, such as circus skills provided by streetwise Community Circus. The project aims to enhance the circus skills and develop team connections that will encourage the adults to continue to attend a weekly group in the community that they will have been linked into after the project ceases. The funding enabled the adults to be brought together from the Day Centres to work towards a final showcase of their talent. This allows for performance, teamwork and creates a common bond with the others in the group.

7.6.1 Evaluation to date has shown the following:

Physical health benefit of the activity itself, which involves exercise developing co-ordination and balance.

Mental health benefit of improved confidence, self-esteem and being part of an enjoyable skilled based activity which is fun and provides an enjoyable and rewarding activity for participants.

Social benefit of people coming together to work as part of a new social group, forming friendships, gaining respect for other peoples abilities and creating pieces that are appreciated by others.

7.7 Disability Action Plan


The Trusts worked in partnership to deliver on the actions contained in the outgoing plan and took the opportunity to showcase some of the achievements at the aforementioned stakeholder engagement event in the Skainos Centre. Input from individuals and organisations on the day helped shape the actions for the incoming plan. In addition to this event,
the Section 75 action based plan and the Disability Action Plan for 2014-2017 were issued for 12 weeks formal consultation, which ended on the 19th June. Responses from the consultation event and the entire process have greatly helped to inform the content and format of the plans.

The DAP has been produced in partnership with the other four Health and Social Care Trusts within Northern Ireland. It is demonstrated that this approach has been successful and is in keeping with Equality Commission’s guidelines which state that partnership working, if carried out effectively, can help pool resources and maximise the impact of measures.

7.7.1 ‘Making Communication Accessible’

The guidance, ‘Making Communication Accessible’ which was developed for all HSC staff so that they can communicate effectively with people who may have a disability has been reviewed to ensure that the guidance is up to date and meets the needs of staff to ensure access to services for people with disabilities. It is a quick reference tool for staff and is aimed at making staff feel better equipped in sensitive and responsive communication. The document was reviewed in partnership with key Trust staff and external organisations and will be launched later in 2014 and will be available to all HSC staff in electronic and hard copy form. It will be on the Trust intranet site and provided to Trust staff at mandatory equality training.

7.7.2 Exemplar Facility

The Trust has chosen one of its key Treatment and Wellbeing Centres to be an exemplar gold standard premises; one which goes beyond the legislative requirements and strives for the highest possible standard of accessibility. In addition, any learning from this project will be used to form a blueprint for the design of future Trust new builds or major renovations.

A project group comprising experts from pan-disability backgrounds was formed. The group included Trust staff as well as disability representative organisations. Numerous service-user audits were conducted, covering all major areas of disability, an accessibility audit took place, and a survey of the staff who work in the building was carried out to gauge their opinions on
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As well as a number of recommendations relating to physical access, ideas in the plan include creating a video to show service users how to access the building, where the car park, reception areas etc. are in order to minimise any uncertainty upon arrival. This could be particularly useful for children with Autistic Spectrum Disorder or people with learning disabilities. Improved signage and lighting have also been proposed, as well as the creation of a quiet area for service users, and the introduction of basic Sign Language training for front of house staff. There are more than 50 recommendations at present, which it is hoped can be introduced over a period of time.

Importantly, the recommendations emanating from the Bradbury project will form a design guide and will provide the Trust with a clear guide on how to ensure our premises are not just accessible in line with legislation, but are as accessible as they can possibly be and are seen as a gold standard in this area.

7.7.3 Employability Initiatives

A number of employment projects aimed at promoting equality of opportunity and promoting positive attitudes towards people with disabilities have been incorporated into the DAP programme.

7.7.4 Employment of people with disabilities

The Trust provides the opportunity for people with disabilities to obtain placements in the Trust and gain, skills and experience to equip participants for future employment. The initiative not only provides placements for young people leaving school, but also for more mature people who have had to leave work due to their disability.

The Trust work in partnership with a number of organisations. Placements cover a wide range of service areas within the Trust including Patient and Client Support Services and Admin and Clerical with increased demand for the Trust. The placements last for a 3 month period with indemnity covered by the Trust. Prior to placements taking place, the organisations
that take part in the programme provide training awareness sessions to the Trust staff in the relevant departments to provide staff with information and knowledge in terms of the disabilities that some of the participants may have.

In order to enable future employment, the Trust ring-fence a number of permanent posts through the Workable (NI) Scheme. Each post is for 25-30 hours per week. The project has been so successful the Trust is now appointing a peer Support Worker.

One of the participants in the programme that experienced mental illness and was successful obtaining one of the ring-fenced posts, attended the Trust Disability Steering group to talk about their experience in coping with mental health and the benefits of gaining employment. The participant read a short poem about Bipolar Disorder which the employee said helped them “to say goodbye to mental illness”. A future action agreed by the Disability Steering Group is to explore and develop training for staff on a range of disabilities.

The aim of the employment project is to:

- Support Equality of Opportunity
- Promote disability within the workplace
- Identify and overcome potential barriers to the employment of people with disabilities

**7.7.5 Disability Employment Network**

The Disabled Employee Network aims to take forward initiatives designed to ensure that disabled staff play a full role in the Trust, promoting a positive culture and highlighting the contribution of disabled staff. It provides a chance for disabled staff to get involved in the decision making process on issues affecting them and to make a positive contribution to our workplace.
Section 8: Complaints

No Section 75 related complaints were received during this period.

Belfast Trust welcomes and actively encourages Complaints and Compliments about our services. The Trust recognises the importance of working with patients, clients, their families, carers and others to deliver, develop and improve the services we provide.

Regionally a DVD with British Sign Language and subtitles on the Health and Social Care Complaints Procedure was compiled and has been uploaded on the Trust website in April 2013. This was an output which emanated from findings in the audit of inequalities which identified the need for effective communication support mechanism to enable people from the deaf community to provide constructive feedback and complaints and compliments on service provision or their patient experience.
Section 9: Consultation and Engagement

Belfast HSC Trust has long since recognised the merit of engaging with its key stakeholders – its service users and patients, the carers and families and the some 20000 staff who work delivering a range of integrated health and social care to the population of Belfast and Castlereagh and beyond. In their own way and as a result of their experience and their expertise each of them is an expert by experience and as such have a wealth of knowledge on which the Trust can capitalise.

9.1 Partnership Working to agree priorities for Action Plans

When the Trust was working in partnership with the other HSC Trusts on the formulation of its Section 75 inequalities action based plan and its Disability Action Plan, it was imperative that input and engagement was sought from Section 75 representatives and organisations to ensure that key priorities were the most important to them and that HSC Trusts had successfully identified priority areas of work.

At the outset, Trusts met with the Equality Commission to discuss their planned approach to formulation about these plans. The Trusts then worked collaboratively to identify key priorities on the basis of the audit of inequalities –emerging themes document and other legislative and strategic developments to help inform content of their plans.

The HSC Trusts then convened a showcase and engagement event in 2014 to engage with their stakeholders and convey what had already been achieved and what remained to be achieved in the forthcoming plan. The event was designed to welcome input from stakeholders and consisted of presentations from HSC Trust Equality Leads, the Equality Commission and Disability Action but also provided attendees with the opportunity to voice their issues or beliefs through the graffiti wall and the 'Big Brother style Diary Room'.
In addition to this engagement event, the draft plans were issued for formal public consultation over 12 weeks- feedback from which has helped shape and inform the content of the plan.

9.2 Review of Making Communication Accessible

Belfast Trust has led on the review of Making Communication Accessible and has continued to work in partnership with disability organisations and representatives to ensure that the guidance is all encompassing, relevant and easy to use for staff members and practitioners.
9.3 Cultural Competency in Black and Minority Ethnic Mental Health Services

Belfast Trust has worked in partnership with other Trusts and Aware Defeat Depression to draft and develop an online toolkit on cultural competence in BME mental health. The project team worked across other Trusts and within the various disciplines and professions within mental health to devise this resource. It has been issued to mental health practitioners as a pilot for feedback and will be amended accordingly before being finalised, along with development and launch of a DVD and associated training materials.

9.4 Review of Interpreting and Translation Mechanisms in HSC

The Trust has been a key player in the review of interpreting and translation services, having managed and delivered the NI Health and Social Care Interpreting Service since 2007. It is imperative that any changes proposed were subject to public consultation and developed in line with feedback from practitioners, Equality Leads, Community and Voluntary sector organisations and interpreters themselves. The process has involved ongoing stakeholder engagement and a specific communication and engagement strategy is being developed to ensure that a consistent and clear message is disseminated about the future of interpreting and language support across the health and social care service in Northern Ireland.

9.5 UNCRPD and Mental Capacity Event for HSC staff

The Trusts held a joint regional event in September 2013 entitled ‘The UN Convention on the Rights of Persons with Disabilities and Mental Capacity Reform.’ This event was committed to as part of our Disability Action Plans and took place in the Skainos Centre in East Belfast. The impetus for the event was twofold, aimed at increasing staff awareness of Trust obligations under the Articles of the UNCRPD, and to provide an opportunity to look at upcoming changes to mental health legislation in relation to mental capacity. The event was over-subscribed, with a 120-strong crowd consisting of medical practitioners, co-directors, executive and non-Executive directors, and a host of other Health & Social Care staff.
Delegates on the day heard from a range of expert speakers, including Kevin Doherty, Interim Chief Executive, Disability Action; Professor Michael O’ Flaherty, former Chief Commissioner, Northern Ireland Human Rights Commission; Dr Michael Wardlow, Chief Commissioner, Equality Commission for Northern Ireland; Pat McConville and Alison McCaffrey, from DHSSPSNI and from Paul McGowan, Disability Equality Officer, Mencap.

Feedback from the event was incredibly positive and indicated a desire among participants for further information and training in these areas. As a result, Trusts have committed to developing a leaflet resource for staff relating to the UNCRPD and will facilitate future knowledge exchange sessions as changes in mental health legislation unfold.
9.6 Consultation and Engagement

Belfast Trust engages and works in partnership with Section 75 organisations and individuals and service users and carers on a daily basis – during 2013/4 we treated or were involved in the care of:
- 130,405 inpatients
- 810,307 outpatients
- 153,931 Emergency Department attenders
- 110,956 day-case patients
- 669 children looked after by the Trust
- 424 children on the Child Protection register, and
- 5,809 domiciliary care packages for older people provided in the community. These are the health and social care interactions that Belfast Trust delivers throughout the year or in the range of forums to facilitate discussion and mutual learning.

These formal mechanisms include the Disability Steering Group, Good Relations Strategic Group, Traveller Strategic Group, Carers Working Group, the Ethnic Minority Health and Well Being Group as well as the Sensory Support User forums and TILLI (Tell it Like It Is – a group of adults with learning disabilities).

The Trust welcomes and fully supports the creation of the Disabled Employee Network which is comprised of members of staff with a disability, who meet regularly and discuss generic issues or areas for improvement and can then lobby the Disability Steering Group to implement these changes.

These groups facilitate interaction with and involvement of community and voluntary sector individuals or people who are service users who can help inform service provision and shape more responsive service delivery. Service providers and practitioners work to provide person centred person led care with individuals to whom they deliver the full gamut of integrated health and social care as part of their normal practice.

BHSCT continues to seek opportunities to engage with patients, clients, service users, carers and the wider community. A number of new PPI initiatives have been developed in the past year, including work with HIV service users, clients who use gynae services, parents and carers of children with spina bifida and patients with neurological conditions and their
carers. A new Framework for the management of PPI within BHSCT is currently being developed. This will incorporate best practice and ensure that PPI activity is focused on tangible outcomes for service users and their families and carers. This framework will replace the Involving You strategy and will focus on the Department of Health and Social Services and Public Safety standards for PPI. The Trust are actively involved in the development of a regional PPI training programme, which will be rolled out across the organisation to ensure that staff have the appropriate knowledge and skills to facilitate high quality engagement.

Belfast Trust is a member of the Belfast City Council Good Relations partnership which meets on a monthly basis.

The Trust works collaboratively with other HSC organisations to ensure that good practice is shared and incorporated.
Section 10: The Good Relations Duty

10.1 Good Relations Strategy

Belfast Trust’s commitment in its corporate plan to embrace diversity and promote good relations amongst people of different religious beliefs, political opinions and racial groups was demonstrated by the formal launch of the Trust’s Good Relations Strategy in 2014, ‘Healthy Relations for a Healthy Future 2012-2015’.

At the launch of the Strategy at Belfast City Hospital, Belfast Trust director, Mr Cecil Worthington, commended the Good Relations Strategy and underlined the senior commitment and strategic importance which the Executive Team affords to the promotion of good relations. Speakers included Joan Peden Co- Director, HR, Dympna McGlade, Community Relations Council, Reverend Derek Johnston, lead chaplain Belfast Trust, Ray Rafferty, Unison, Richie Smith, NIHSCIS Interpreter and Mary McDonagh, Trust Traveller liaison worker. Joan Peden, Human Resources Co Director, who chaired the Good Relations Steering Group, acknowledged the importance of partnership working and collaboration with key stakeholders when developing the Strategy. She said that ‘While the Belfast Trust recognises that it cannot address all the ills in our society, we, as the largest employer and provider of integrated health and social care in
Northern Ireland, believe it is important that we play a significant role in building an inclusive and shared society based on mutual respect. The strategy, which was developed in recognition of the many benefits of promoting good relations for the Trust’s 20,000 staff, 340,000 service users and the local community, also acknowledges the Equality Commissions’ Revised Guidance which found that public authorities had thus far concentrated their efforts on the equality of opportunity duty rather than the good relations duty.

Recognising the link between equality and good relations, the Trust Chief Executive Colm Donaghy commented in the foreword: “We are committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment.”

### 10.1.1 Themes of the Strategy

The key themes in the strategy evolved from the consultation process and are designed to embed and mainstream the promotion of good relations throughout Trust policies and structures:

- Communicating our Commitment to Embracing Diversity and Good Relations
- Working Together for Healthy Relations for a Healthy Future
- Embracing diversity and innovation to Improve Access to Services
- Promoting Diversity and Good Relations through Employment
- Embedding Good Relations in Trust Corporate Functions.

### 10.1.2 Action Plan

The strategy outlines an action plan incorporating an array of projects and initiatives developed from the strategy’s key themes, many of which were developed by the Trust and in partnership with other partners in the statutory, community and voluntary sectors.
10.1.3 Strategy Distribution

Following the launch of the good relations strategy, the document was distributed both electronically and in hard copy to a wide volume of individuals and groups including: Trust staff, Trust Board, Political parties, Trade Unions, OFMDFM, Equality Commission for Northern Ireland, Treatment and Wellbeing centres and the Trust Section 75 consultation list which includes a wide range of statutory, community and voluntary groups.

10.1.4 Strategy Initiatives:

“BHSCT wishes to publicly express its commitment to providing an environment where Health and Social Care is provided in a safe and welcoming environment. The Trust will ensure that all service users and staff experience equality of opportunity in accessing Trust facilities, services and employment irrespective of race, religion or political opinion. The Trust will be proactive in challenging sectarianism and racism and will promote good relations to ensure access to services for everyone.”

10.2 Good Relations Statement

The Trust’s commitment to the promotion of good relations and challenging sectarianism was enshrined in the development of a Trust corporate good relations statement and explicitly cites the Trust’s formal commitment to promoting good relations.

The statement expresses the Trust’s aim to provide a safe and welcoming environment in health and social care for service users and staff. The statement was developed in partnership with a range of stakeholders represented on the Trust Good Relations Steering group which included key staff from Trust directorates, Trade Unions, Trust Chaplaincy and representatives from voluntary and community organisations.
10.2.1 Pop Up stands

Service users and staff, entering each of the Trust Hospitals and Treatment and Wellbeing centres are now greeted with a colourful Trust pop up stand illustrating the Trust good relations statement. The pop up stands which are located in foyers, are aimed at providing a warm and welcoming environment for everyone that enters the Trust facilities, irrespective of their race, religion or political opinion.

10.3 Bi Annual bulletin

In response to feedback from the good relations strategy consultation and engagement programme, which highlighted the need for the Trust to publicise its projects which promote good relations, a Bi annual bulletin was developed. The bulletin provided information and pictures on a wide range of Trust initiatives aimed at promoting good relations for staff and service users. The bulletin also invites readers to comment on projects or provide ideas for future initiatives. In acknowledgement of the importance of distributing the bulletin to as wide an audience as possible, the bulletin was distributed both electronically and in hard copy to Trust staff, Libraries, Councils, Trade Unions, Treatment and Wellbeing centres and 400 voluntary and community groups. (see appendix X )
10.4 Good Relations Steering Group

During the development of the Strategy a good relations steering group was set up to coordinate its development. The group comprised of key Trust staff from different Trust directorates, professions, Trust Chaplaincy, representatives from community organisations, partnerships, ethnic groups, the Community Relations Council and Trade Unions.

10.5 Good Relations Strategic Group

Following the launch of the Trust Good Relations Strategy a good relations strategic group was established to coordinate and monitor the implementation of the strategy’s action plan and timeframe. The group, which meets quarterly, is made up of representation of Trust staff, chaplaincy, Trade Unions, other statutory and community organisations and individuals.

A pre-consultation and engagement process was implemented to offer service users, staff, Section 75 representative groups, community and voluntary organisations, Trade Unions and religious groups the opportunity to inform the Strategy to ensure it was meaningful and met identified needs. As part of the consultation process a scoping exercise was conducted to ascertain the proactive projects and initiatives that were already underway across the Trust to progress good relations. An audit was conducted and some of the initiatives are illustrated below to highlight the volume of work and Trust’s strategic commitment to progressing good relations.

10.6 Current Belfast HSC Trust Good Relations Initiatives

The internal audit involved identifying Trust programmes and projects already in place which promotes good relations. An overview is detailed below. A number of groups involving key stakeholders internal and external to the Trust are working to progress these initiatives:
<table>
<thead>
<tr>
<th>General Roma Project Group</th>
<th>BME Community Outreach</th>
<th>Working with Diversity Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the development of a needs profile of the Roma community in Belfast in partnership with BME Groups.</td>
<td>Network of connections across communities developing general emergency planning processes, Specified initiatives developed for asylum seekers, older persons groups (Engage with Age), minority ethnic groups.</td>
<td>Provides information to staff and users on needs of people across the Section 75 categories. The site provides information on the religious and cultural needs of a range of minority ethnic groups in Northern Ireland.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Asylum Seekers Drop in Service</th>
<th>Traveller Health Strategy and Action Plan</th>
<th>Catering Services For BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast Trust operates a drop in clinic for asylum seekers in the Bryson One Stop Services.</td>
<td>The Trust works in partnership with the Traveller community to improve access to health and social care services and employs two Traveller Health Advocacy workers.</td>
<td>To increase cultural awareness and meet diverse culture needs including different cultural food. Offer Kosher/Halal food for patients and awareness of catering and cultural needs for patients.</td>
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<table>
<thead>
<tr>
<th>Trust BME Community Development Worker</th>
<th>Ethnic Minority Forum/ Ethnic Minority Mental Health Work</th>
<th>Trust Translated Welcome Pack</th>
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</thead>
<tbody>
<tr>
<td>To foster stronger links and greater understanding between BME communities and the Trust services.</td>
<td>To create a forum for discussion on broad health related issues, particularly mental health and suicide prevention involving all the major ethnic minority groups in Belfast.</td>
<td>To improve access and information to services for inpatients/patients who do not speak English proficiently. The Translated Welcome Pack is printed in 17 different languages.</td>
</tr>
<tr>
<td>Recognising Diversity in Health</td>
<td>Cultural Diversity Programme</td>
<td>Northern Ireland Health &amp; Social Care Interpreting Services (NIHSCIS)</td>
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<tr>
<td>Ensure equality of opportunity and equal access to HSC services for Black and Ethnic minority communities in partnership with DHSS, Board and NICEM.</td>
<td>This programme is an ongoing programme, which varies each year aimed at increasing awareness of cultural diversity assisting access to HSC and improving health outcomes. Activities for 2010/11 included an Anti-racism Road-Show to mark anti-racism week and Traveller Focus.</td>
<td>The service is aimed at valuing and respecting patients who do not speak English proficiently and ensuring they have access to an interpreter and equality of opportunity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chaplaincy Service</th>
<th>Support for Voluntary/Community Groups</th>
<th>Inequalities Forum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Care policy, Multicultural &amp; Beliefs Handbook, Intranet site. Addition of honorary Hindu and Buddhist Chaplains.</td>
<td>The Trust works in partnership with community organisations to provide a wide range of practical and psychological support to victims and survivors of the Troubles, ex prisoners their families and families bereaved by suicide.</td>
<td>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 fulfilment of the statutory Section 75 duties to ensure that Belfast Trust plays its role in addressing inequalities in health.</td>
</tr>
</tbody>
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### 10.7 Traveller Health Strategy

The Belfast Trust took the opportunity to embrace the third year of the implementation of the Traveller strategy by carrying out a review to assess and evaluate the previous work carried out and to consider the findings of a Baseline Study and Timeline Report on the interaction between the BHSCT and the Traveller Community during 2012/13. The findings of both studies would influence the Trust action plan over the next 2 years in relation to the Traveller strategy.

The strategy, which was developed in response to the poorer heath status and expectancy rates experienced by the Traveller community compared to the general population, is aimed at reducing health inequalities and
improving access to health and social care for the Traveller community. The strategy is implemented under the guidance of a Traveller Health Strategy Board and a Traveller Operational Sub Group each comprised of key Trust staff and the Traveller support group An Munia Tober. The key elements of the strategy are:

- To establish current level of service provision within the Traveller Community
- To increase access to Trust Services and facilities
- To increase cultural awareness and understanding
- To increase awareness and promote better understanding of the health needs of Travellers amongst Trust staff
- To develop appropriate training for people from the Traveller community to support the development of increased awareness of Trust services and how to access them
- To support the development of closer working relationships between the health improvement department and the Traveller community
- To increase access to a range of health promotion activities and programmes within the Traveller community
- To develop a range of initiatives to support improvements in mental health and emotional wellbeing
- To develop opportunities for job shadowing and mentorship within the Trust
- To engage with OFMDFM / Public Health Agency to ensure the initiation of a multi-agency group to address the needs of the Traveller community.
The revised Traveller action plan was developed for 2014-2016 following the afternoon workshop attended by key Trust staff and representatives from Bryson An Munia Tober. Key areas identified for action are:

10.7.1 Mental Health

Quantitative, qualitative and anecdotal evidence indicates that Travellers experience worse mental health and a higher rate of suicide than the settled community. There is minimal information on Travellers presenting to mental health services through statutory or community organisations. Mental health status can be correlated with many other factors e.g. domestic violence, social support and substance abuse across the settled and Traveller communities. The effects of these on Travellers are often compounded by discrimination and racism.

10.7.2 Cultural Competence

Cultural competency is critical to reducing health inequalities and improving access to health care. Behaviours, language, customs, beliefs, and perspectives all influence health outcomes. Through the development of cultural competency organisations and staff are enabled to effectively understand the needs of groups accessing health care and information.

10.7.3 Health Improvement

Developing supportive and culturally sensitive programmes for the promotion of positive & healthy lifestyles is a core recommendation of the All Ireland Traveller Health Study (2010). BHSCT, alongside our partner organisation Bryson An Munia Tober deliver health improvement programmes for the Traveller community. Recent evidence has identified a number of significant gaps particularly in relation to men’s health.

10.7.4 Maternal & Child Health

A scoping exercise of Travellers interaction with BHSCT, maternal and child health services over a two year period identified several areas for
action. The All Ireland Traveller Health Study (2010) recommended the prioritisation of all aspects of maternal and child health.

10.7.5 Launch of Traveller Mental health DVD ‘Let’s Talk About It’

The Trust in partnership with Bryson An Munia Tober and Aware Defeat Depression and funded by the Public Health Agency, developed and launched a DVD unique to the needs of the Traveller community in relation to mental health. The DVD was developed in response to the high prevalence of mental health issues amongst Travellers which is exacerbated by the widespread discrimination and racism that Travellers still face.

The DVD aims to help support Travellers to help cope with mental health problems and stress and encourages them to talk to someone and to seek help. It provides information on the symptoms of stress and depression and where you can go to get help and support. The Traveller liaison workers were closely involved in the development of the DVD and a copy of the DVD was delivered to every Traveller family in the Greater Belfast area.

10.7.6 Traveller Health Liaison Workers

The role of the two Traveller liaison workers played a central part in the implementation of the Traveller strategy. Their unique insight and access to the Traveller community and the partnerships developed with Bryson An Munia Tober, the Public Health Agency and other statutory and community organisations enabled the development of a number of initiatives aimed at reducing barriers to services and improved access to services.
10.7.7 Training

Improving Trust staff awareness of Traveller health needs and culture, which are key to improving access to services and developing positive relations were the object behind the design of the new Trust Traveller awareness training. The training which was developed by the liaison workers in partnership with Bryson An Munia Tober and will be delivered through a partnership approach will be available to staff at various locations throughout the year.

10.7.8 Equality Commission DVD

The pioneering approach adopted by the Trust to be the first Trust to develop Traveller liaison workers and the role carried out by the workers was recognised by the Equality Commission through a DVD. The DVD which highlights the best practise illustrated by the Trust initiative was premiered at an event to mark the 3rd anniversary of the Regional Traveller Health and Wellbeing Forum in December.

The Traveller Health Forum is made up of a wide range of statutory and voluntary organisations, all of whom are committed to deliver on the recommendations of the All Ireland Traveller Health Study. The Trust is represented on this forum by the Traveller liaison workers and members of the Trust community development team.

Those who attended the event had the opportunity to hear about progress to date in terms of Traveller initiatives, receive updates on Traveller projects, and experience Traveller talent expressed through music and song. This event was open to all who have an interest in Traveller health and wellbeing.

10.8 Staff Mandatory Equality, Good Relations and Human Rights Training

Key to promoting good relations and reducing inequalities is ensuring that opportunities are provided for staff to develop their competency and skills in the areas of equality, good relations and Human Rights. As part of the drive to promote good relations all Trust staff and managers are obliged to
attend mandatory equality, good relations and Human Rights training every 3 years. Training is provided at a range of locations throughout the Trust to facilitate maximum attendance. The training is also provided on request to accommodate staff attendance.

10.9 Community Relations Week 16th – 22nd June

Belfast Trust will be celebrating the growing diversity of its staff, service users and the community it serves by organising a series of events to celebrate Community Relations Week, 16 – 20th June.

The public will have the opportunity to see some of the Trusts innovative initiatives for service users and staff, aimed at improving access to services and promoting good relations amongst people of different religious beliefs, racial groups and political opinions.

The initiatives will be show cased at each of the Trust Wellbeing and Treatment Centres during community relations week. Also on display at the centres will be colourful information stands highlighting the rich diversity of Northern Ireland, including symbols from different religions and cultures that have proved to be popular in the past with staff and service users.
The benefits of improving equality of opportunity through staff training will be acknowledged by the provision of a number of stimulating and thought provoking training sessions throughout the week. The training events will provide staff with the opportunity to attend training sessions on The Roma Community, Migrant Awareness and Promoting Good Relations. The sessions will provide information, insight and a deeper understanding into each of these areas.

An interesting **Facts and Myths** series on race, religion and political opinion will also be featured each day on the Trust Intranet providing facts and information and testing staff knowledge in a range of areas.

The programme is as follows:

<table>
<thead>
<tr>
<th>Migrant Awareness</th>
<th>Promoting Good Relations</th>
<th>The Roma Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17th June</strong></td>
<td><strong>18th June</strong></td>
<td><strong>19th June</strong></td>
</tr>
<tr>
<td>10 – 1.00pm</td>
<td>2 – 4pm</td>
<td>2 – 4pm</td>
</tr>
<tr>
<td>Larkin Room, Belfast City Hospital</td>
<td>Lecture Room 2 Elliott Dynes, Royal Hospitals</td>
<td>Lecture Room 2 Elliott Dynes, Royal Hospitals</td>
</tr>
</tbody>
</table>

This training provides:
- The historical context of migration in Northern Ireland and its relevance to modern day migration.
- Diversity of Northern Ireland
- Impact of diversity
- Access to Health and Social Care for migrants

This training provides information on:
- What is meant by Good Relations
- How Good Relations is linked to Equality and Diversity
- Legal context
- Causes of poor relations.
- How Good Relations matter in Healthcare
- Benefits of Good Relations for Health Care.

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10.10 BME AND MIGRANT WORKER ORGANISATIONS
**10.10.1 Roma work wins Trust Chairman’s Award as Partnership**

The Trust works collaboratively with stakeholders and partners to improve health, social care and wellbeing and tackle inequalities and social exclusions. Work has been ongoing to address inequalities experienced by the Roma Community. The Roma, who are Europe’s largest ethnic minority, have been identified as the most socially excluded and marginalised community in Northern Ireland.

Discrimination in housing and employment and restricted access to social welfare and health services has compounded the health inequalities faced by the Roma. This has created a situation whereby those most in need of healthcare are those least entitled to access it.

Three years ago the Trust became the lead partner in the Belfast I am Roma Programme. “I am Roma” is a European wide EU project to help address the discrimination and social exclusion faced by Roma.

Recognising the importance of addressing the socio-economic situation of Roma to improve their health and well-being, the Trust established an action group with over 10 partners from statutory and community based organisations.

An innovative programme was delivered over an 18 month period that had significant benefits on the health status of the Belfast Roma community.
Such was the success of the programme that it was shortlisted and won in the Chairman’s Awards in under the partnership category which looks for projects which help to reform and new Trust services, which will include work on access to services, service reviews and work restructuring services.

The winning project each received a trophy, certificate and a cheque for £10,000 to reinvest in their service.

Work has continued with the Roma Community and their Health Liaison Worker in Bryson Intercultural Centre and some of the key outputs are listed below:

- Development of "Welcome to Belfast" DVD which spoke about attendances at A&E among other subjects.
- Development of working with Roma leaflets and language cards for staff which were used in A&E
- Development of health programme for 30 Roma women which included section on how and when to attend A&E and GP (Bryson Intercultural Funded by BHSCT)
- Development of follow up procedure for Roma Children who attend Royal Belfast HSC Accident and Emergency
Mindful of the significant inequalities faced by Roma people, Belfast Trust has continued with an extensive range of initiatives to address these inequalities. These include the provision of a weekly family health clinic in the Romanian Roma Community Association which is staffed by a health visitor and Interpreters.

Funding was provided by the Public Health Agency for Roma Health Liaison Officer and a support worker (from the Roma community) to Bryson Intercultural Programme. This programme is targeted at women and children with a focus on registration with GPs, Liaison with Health and Social Care family, increasing awareness of services and improving attendance at appointments.

It was important to focus on a Black and Minority Ethnic Family Support Worker with a focus on Roma in Bryson Family Support Team and funding for family support programme in East Belfast for Hungarian and Slovak Roma – this funding was provided by the Children and Young People Strategic partnership.

The Trust and Belfast City Council worked collaboratively to support the Romanian Roma Employability Programme in Mediation Ni and covered Childcare Costs so that Roma women could attend and successfully complete the programme.
The Trust has provided Support for Romanian Roma Community Association in Northern Ireland (RRACNI) to access funding for Roma Youth Projects – one of which was a specific project for teenage Roma Girls. The Trust invests on an ongoing basis to facilitate capacity building within the association.

Belfast Trust has directly funded the RRCANI to conduct a mapping exercise of Roma families and to organise events to celebrate International Roma day and Romanian National Day. Partnership working is ongoing with Glasgow City Council and Arad Municipality (Romania) to share best practice with an emphasis on children.
Section 11:  Additional Comments

Belfast Trust anticipates that this annual progress report illustrates the volume of work and ongoing commitment across the Trust to promote equality of opportunity and to promote good relations. These objectives directly accord with the Trust’s overall purpose to improve health and well being and to reduce health inequalities.

*n.b* The Trust notes that there is potential for instances of duplication in the report when following the prescribed annual progress report template. and the Trust looks forward to working with the Equality Commission to revise the Annual Progress Report template in light of the introduction of the action based plan and other developments.
Part B: ‘Disability Duties’
Annual Report 1 April 2013 / 31 March 2014

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

- [ ] 10 Fully Achieved?
- [ ] Partially Achieved?
- [ ] Not Achieved?
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>Outputs²</th>
<th>Outcomes / Impact³</th>
</tr>
</thead>
<tbody>
<tr>
<td>National⁴</td>
<td>Regional HSC Event held in November 2013 to raise awareness of UNCRPD – key note speakers included Chief Commissioners from ECNI and NIHRC, interim CE Disability Action, as well as representatives from the DHSSPS – who addressed the forthcoming Mental Capacity Bill and MENCAP.</td>
<td>Event attended by 60 Senior Managers and Policy Decision Makers from across HSC organisations.</td>
<td>Promotion of positive attitudes toward people with a disability.</td>
</tr>
<tr>
<td>Regional⁵</td>
<td>Regional HSC Event held in November 2013 to raise awareness of UNCRPD – key note speakers included Chief Commissioners from ECNI and NIHRC, interim CE Disability Action, as well as representatives from the DHSSPS – who addressed the forthcoming Mental Capacity Bill and MENCAP.</td>
<td>Event attended by 60 Senior Managers and Policy Decision Makers from across HSC organisations.</td>
<td>Greater awareness of the UN Convention on the Rights of People with a Disability amongst Senior HSC Managers/Practitioners and the importance of involvement of people with a disability.</td>
</tr>
</tbody>
</table>

² Outputs – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

³ Outcome / Impact – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

⁴ National: Situations where people can influence policy at a high impact level e.g. Public Appointments

⁵ Regional: Situations where people can influence policy decision making at a middle impact level
<p>| Regional HSC Pre Consultative Stakeholder event held in March 2014, Skainos House Belfast to inform the content of the HSC Trusts new Disability Action Plan 2014-2017. | Event attended by a wide range of representatives drawn from across the disability sector, ECNI, Senior HSC Managers/Practitioners, Equality Leads and chaired by a Non-Executive Director. HSC Trusts advised over 700 stakeholders about the DAP consultation due to conclude on 19th June 2014. Consultees positively endorsed the collaborative approach by the 5 HSC Trusts, with the ECNI identifying this as a model of good practice. | disability in decision making processes. Greater participation of disabled persons in the development of HSC Trusts Disability Action Plan. Greater ownership of the Disability Action Plan by the Disability Sector. The regional approach is intended to maximise impacts/outcomes for disabled persons whilst ensuring consistency and sharing of good practice across the region. Greater and improved networking with disability sector. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Revised regional consultation list.</th>
<th>More accurate database – to facilitate future regional consultations with the disability sector and other S75 groups.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local</strong></td>
<td>Local consultation with the disability sector and internal consultation with HSC Trust staff on the development of 3rd DAP.</td>
<td>Communication issued to local consultees to inform the disability sector of the opportunity to become involved in a 12 week consultative process.</td>
</tr>
<tr>
<td></td>
<td>Continued role out of the Public and Personal Involvement (PPI) agenda along with specific actions to target hard to reach groups including disabled persons.</td>
<td>Further promotion of the Trust’s reimbursement guidelines to encourage the participation of disabled persons in public life, including hard to reach groups.</td>
</tr>
<tr>
<td></td>
<td>DAP uploaded to Trust website and intranet.</td>
<td>Recognition for contributions made by disability sector and individuals.</td>
</tr>
<tr>
<td></td>
<td>Facilitation of meaningful engagement.</td>
<td>Greater participation of disabled persons in public life.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Training Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
</table>
| 1 Delivery of Equality and Human Rights Screening Master Classes – incorporating the Disability Duties. | On-going training events held during the current reporting period which incorporated the Disability Duties and training on Disability Equality  
On-going advice and support provided by Equality Managers to policy authors on the application of S75 Equality and Disability Duties. | On-going mainstreaming of the disability duties into screening and EQIA processes and Policy developments |
| 2 Continued roll out of Discovering Diversity – E-Learning Disability Equality module.      | Increase uptake of these training modules by HSC staff.  
Periodic reminders issued to staff to promote the benefits of this training and to encourage greater uptake.  
On-going monitoring to identify staff trends in levels of uptake and targeting as appropriate. | Promotion of positive attitudes toward disabled persons.  
Improved patient experience as a consequence of positive attitudes. |
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Ongoing reporting via the Trust’s S75 Annual Progress Report.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Delivery of Disability Equality and Human Rights Training</strong></td>
<td><strong>1315 staff attended mandatory equality training</strong></td>
<td>Increased awareness of the DDA and Equality &amp; Human Rights Legislation including UNCRPD.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>134 staff attended human rights and UNCRPD training</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>105 attended disability training</strong></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Hosting of a Regional Event for Senior HSC Managers/Practitioners on the UN Convention on the Rights of People with Disability (UNCRPD) and Mental Capacity Bill.</strong></td>
<td><strong>The UN Convention reaffirms disabled people’s human rights and is viewed as a significant step in disabled people’s progress towards full and equal citizenship.</strong></td>
<td>Greater awareness of the UN Convention amongst Senior HSC Managers/Practitioners and the importance of involvement of people with a disability in decision making processes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Over 60 delegates in attendance.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Evaluation and feedback very</strong></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sight Loss and Deaf Awareness training Delivered by Sensory Support Team</td>
<td><strong>positive.</strong></td>
<td>To give a better understanding of issues associated with sensory loss.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Sight Loss &amp; Deaf Awareness Corporate Training</td>
<td>X 30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>X 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>X 13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>X 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sight Loss &amp; Deaf Awareness Training</td>
<td>X 6</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Review of disability awareness training to quality assure and update in terms of disability legislation.</td>
<td><strong>Improved knowledge and awareness for staff on disability areas including legislation.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sub-group established to review training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Training for reception staff updated to include aspects of disability awareness, including specific information on communication skills in terms of disabilities.</td>
<td><strong>Improved knowledge and awareness for staff on disability areas in terms of communication.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sub-group comprised of key staff from HR, Equality and Physical and Sensory Disability established to design relevant training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>DVD on choking – by</td>
<td><strong>The DVD is aimed at</strong></td>
<td>It aims to improve service user</td>
</tr>
</tbody>
</table>
Belfast Trust in partnership with clients with a learning disability

Preventing Avoidable Harm. And is based on a service user’s experience to help increase awareness of choking to promote safe eating strategies and reduce avoidable mortality and adverse harm effects from choking.

experience and help other people reduce their risk of choking.

Choking has been identified by the National Patient Safety Agency as one of the leading causes of preventable death in people with learning disability.

<table>
<thead>
<tr>
<th>Communications Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Regional Accessible Communication Guidance for HSC staff in collaboration with the disability sector.</td>
<td>Resource detailing models of good practice in effective communication. Increased amount of Trust information produced in alternative formats e.g. easy</td>
<td>Greater staff expertise in the provision of effective communication for individuals with a range of disabilities. Increased production of Trust information in alternative formats. Trust information more accessible for</td>
</tr>
</tbody>
</table>
read, larger print, use of sign language interpreters, subtitles and sign language on the production of DVDs.  
all users.  
Improved patient experience.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 2 | Launch of Complaints DVD | Use of alternative formats to facilitate access to the HSC complaints procedure.  
Enhance the patient experience via service improvements.  
Improved accessibility for persons with a disability to access the HSC complaints procedure.  
Improvements in patient experience and outcomes for service users and members of the public. |

2 (d) What action measures were achieved to ‘encourage others’ to promote the two duties:

<table>
<thead>
<tr>
<th></th>
<th>Encourage others Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
</table>
| 1 | Provision of placements aimed at increasing work opportunities for people with a disability.  
To date the Trust has exceeded our target for placements in this area.  
Greater participation of disabled persons in public life and promotion of positive attitudes toward disabled persons. | Provision of meaningful placement opportunities for persons with a disability. | |
| 2 | Review of Reasonable Adjustment Guidelines for Managers.  
Encouragement of staff to self-declare that they have a disability. | To ensure managers put in place reasonable adjustments for staff with a disability in a timely fashion.  
Promotes a more supportive workplace for employees with a disability. | More accurate base line data on the prevalence of disability amongst staff. |
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Promotion of HRPTS – new Human Resource, Payroll, Travel and Subsistence - Computerised System</td>
<td>The facility of Employee Self-Service (ESS) will enable staff to log on and maintain their own equality and diversity data including their disability status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>More accurate baseline data on the prevalence of disability amongst staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provides more detailed data for screening and EQIA processes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information used to inform the development of policy and practice to inform service developments.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mainstreaming of the disability duties.</td>
</tr>
</tbody>
</table>

The Disabled Employee Network was established to take forward initiatives designed to ensure that disabled staff play a full role in the Trust, promoting a positive group established and meets bi monthly to:
- Take forward initiatives
- Inform policy and practice

Staff with disabilities encouraged to be proactive in Trust policies and initiatives aimed at promoting the two duties.
culture and highlighting the contribution of disabled staff. It provides a chance for disabled staff to get involved in the decision making process on issues affecting them and to make a positive contribution to our workplace.

- Produce news bulletin
- Share best practice.

2 (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>
</table>
| 1 The Trust has chosen one of its key Treatment and Wellbeing Centres to be an exemplar gold standard premises; one which goes beyond the legislative requirements and strives for the highest possible standard of accessibility. | - Service-user audits conducted, covering all major areas of disability,  
- Accessibility audit took place, and a survey of the staff who work in the building carried out to gauge their opinions on | Trust facility audited to become exemplary facility to promote example of best practice in the promotion of disability duties. |
issues relating to access.

- Feedback from each of these initiatives has been collated to form a list of recommendations for improving accessibility at the Bradbury Centre. As well as a number of recommendations relating to physical access

### 3. Please outline what action measures have been partly achieved as follows:

<table>
<thead>
<tr>
<th>Action Measures partly achieved</th>
<th>Milestones(^7) / Outputs</th>
<th>Outcomes/Impacts</th>
<th>Reasons not fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Please outline what action measures have not been achieved and the reasons why?

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

\(^7\) **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/impact have not been achieved.
5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

Monitoring tools which have helped to develop new opportunities include:

The previous 5 Year Review of the Trust’s 1st DAP as well as the Progress Review on the Trust’s 2nd DAP and the associated consultative processes provided opportunities for new actions to be included in the final DAPs. The current consultation on the Trust’s 3rd DAP will provide similar opportunities for additional action measures.

Plans will continue to be implemented in partnership with the Disability Sector and thus provide further opportunities for on-going monitoring and review. The HSC Trusts’ Themed Inequalities Audit highlighted a range of key inequalities within the Disability Sector. The Themed Audit is a living document and is reviewed annually by HSC Trust Equality Leads thereby providing further opportunities to develop new action measures for the Trust’s 3rd DAP.

Progress on implementing the Disability Duties will continue to be reported via the Trusts’ S75 Annual Progress Reports to the ECNI.

(a) Qualitative

- PPI Initiatives and Consultation processes;
- Update of Themed Inequalities Audit;
- Review of complaints/compliments.
(b) Quantitative

Performance Indicators in 1<sup>st</sup> and 2<sup>nd</sup> DAP; 5 Year Review of 1<sup>st</sup> DAP and progress review of 2<sup>nd</sup> DAP;
Themed Inequalities Audit;
ECNI Statement of Key Inequalities;
Complaints/Comments;
Base Line Audit to assess the prevalence of disability amongst HSC workforce;
BSTP – Employee Self Service – more accurate and up-to-date staff data on S75 characteristics;
2011 Census data – utilisation in Screening, EQIA processes and policy/service developments

6. As a result of monitoring progress against actions has your organisation either:
   - made any revisions to your plan during the reporting period or
   - taken any additional steps to meet the disability duties which were not outlined in your original
disability action plan / any other changes?

Please delete: No

7. Do you intend to make any further revisions to your plan in light of your organisation’s annual review of the plan? If so, please outline proposed changes? NO
EMPLOYMENT EQUALITY AND DIVERSITY PLAN

2014-2017

Treating everyone with respect and dignity

Being open and transparent in all our dealings

Being leading edge

Maximising learning and development

Being accountable
Contents

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2. Workforce profile 5

3. Objectives of the Employment Equality and Diversity Plan 6

   Appendix 1: Action Plans by Objective 11

   Appendix 2: Workforce Profile Charts by equality group 18

Employment equality, human resources directorate
McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast, BT9 7JB
Introduction

The Belfast Health and Social Care Trust is committed to the promotion of equality of opportunity and good relations in employment for all persons regardless of their

- age;
- dependant status;
- disability;
- gender (including gender reassignment);
- marital/civil partnership status;
- political opinion;
- race;
- religious belief;
- sexual orientation;

In line with this commitment the Trust has developed its third Employment Equality and Diversity Plan (the Plan) for the period April 2014 to March 2017.

The purpose of the Plan is to provide a practical and manageable framework to coordinate all aspects of employment equality work undertaken within the Trust. The Plan has been developed in accordance with the requirements of the equality and anti-discrimination legislation in Northern Ireland and with the good practice recommendations of the Equality Codes of Practice and ECNI Unified Guide.

The Plan is driven by an integrated approach to the promotion of equality in employment in line with the corporate objectives of;

- Safety and Quality
- Continuous Improvement
- Partnerships
- Our People
- Resources

At its core are the Trust values of respect and dignity, openness and transparency, being leading edge, maximising learning and development and being accountable.

The Plan encompasses the following organisational strategies and action plans;

- S75 Action Plan
- Disability Action Plan
- Affirmative Action Plan (Fair Employment and Treatment Order 1998)
• Staff Survey Action Plan
• Health and Well Being Strategy Action Plan as it relates to Employment Equality
• Good Relations Strategy

As a large Health Trust employing in excess of 22,000 staff, we recognise that ensuring equality in employment and eliminating workplace discrimination and harassment are essential for developing a diverse workforce, attracting high calibre employees and maximising productivity. We are committed to being an ‘equal opportunities employer’ who genuinely aspires to

• prevent unlawful discrimination and harassment,
• promote a good and harmonious working environment, and who
• takes lawful outreach and/or positive action where appropriate.

The Plan provides a structured and practical action plan to implement this commitment and to build on our work to date. It is a living document, designed to be flexible to accommodate further developments in law and good practice, work priorities and available resources. The Employment Equality Team, Human Resources Directorate will have operational responsibility for ensuring the implementation and monitoring of the Plan under the direction of the Co Director in Human Resources. The Team will work across the Human Resources Directorate, and in partnership with the Health and Social Inequalities Team, to integrate the plan and to ensure that the Trust’s commitment to equality of opportunity is realised. The Plan will be regularly monitored and reviewed with progress reports provided via the Accountability Review Process and in partnership with the Workforce Governance Policy sub Committee. A strategy to communicate the plan, its actions and progress will be developed.

Workforce Profile

The Trust benefits from the creativity and skills of a diverse workforce. The 2014 Fair Employment Annual Monitoring Return reported our workforce as at 1 January 2014 as 78% Female, 22% Male. 50% of the workforce are from a Roman Catholic community background, 45% from the Protestant community and 5% ‘Other’ or ‘Non-Determined’. Additional equality monitoring data is collected across a further 9 grounds. Staff are encouraged, although not obliged, to provide this information. The equality monitoring statistics across these grounds show the following results as at 1 January 2014;

• 79% describe their ethnic group as 'White', 4% as 'BME'. The remaining 17% of staff have not reported this information.
• 2% of staff describe themselves as having a disability under the Disability Discrimination Act 1995. 32% of staff did not report this information.
• 29% are aged <35, 55% between 35 and 54, 15% between 55 and 64 and 2% 65+.
• 56% of staff are married or in a civil partnership, 38% 'Single', 4% 'Other'.
• 21% of staff describe themselves as having personal responsibility for the care of family members or other persons. 59% of staff did not report this information.

• 37% of employees described their sexual orientation as towards someone of a different sex, 1% as towards the same sex or both sexes. 54% of staff did not report this information with a further 8% recording that they did not wish to answer.

• 14% describe their nationality as British, 6% as Irish, 2% as other European and 0.24% as Non EU. 78% of staff did not report their nationality.

• 23% describe their religious belief as 'Christian', 1% as 'Other' and 7% as 'No religious belief'. 69% of staff did not report their religious belief.

• 6% of staff described their political opinion as 'Broadly Nationalist', 7% 'Broadly Unionist' and 7% as 'Other'. 54% of staff did not report this information with a further 26% recording that they did not wish to answer.

This Plan commits us to addressing equality and diversity issues for all staff. Mechanisms to encourage staff to report and update their equality monitoring data are incorporated into the associated action plan.

Objectives

1. TO PROMOTE AND CHAMPION EQUALITY, GOOD RELATIONS AND DIVERSITY WITHIN THE ORGANISATION

2. TO DEVELOP AND MAINTAIN CORPORATE POLICIES AND PROCEDURES WHICH SUPPORT AND UNDERPIN EQUAL OPPORTUNITIES AND DIVERSITY IN THE WORKPLACE

3. TO FOSTER AN ACCESSIBLE AND INCLUSIVE WORKING ENVIRONMENT FOR ALL STAFF AND CONTINUE TO TAKE STEPS TO ENSURE OUR WORKFORCE IS REPRESENTATIVE OF THE COMMUNITY WE SERVE

4. TO SET IN PLACE APPROPRIATE SYSTEMS TO EVALUATE
To assist in the monitoring of the effectiveness of the Plan additional detail on each of these objectives including key strategies to be adopted and intended outcomes are provided in the tables below. Detailed Action plans correlated to corporate objectives can be found in Appendix 1 of this document. It is recognised that as legislative and best practice developments occur during the timeframe of this Plan the objectives will be reviewed and developed accordingly.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>ENABLERS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: To promote and champion equality, GOOD RELATIONS and diversity in employment</td>
<td>Leadership at all levels is committed to the promotion of equality and diversity across the organisation. This is clearly demonstrated within the Trusts corporate plan and mainstreamed throughout the organisation. A mandatory programme of equality training is provided for all staff and managers with refresher training every 5 years. A menu of additional equality training is provided including bespoke training for directorates to improve and enhance the management of equality issues. The development of effective and inclusive communications practices. Partnership working with internal and external stakeholders.</td>
<td>✓ Staff understand their roles and responsibilities in the promotion of equal opportunities and maintaining a good and harmonious working environment ✓ Managers are encouraged to inspire, support and enhance a culture of equal opportunities ✓ Internal and external stakeholders and potential applicants believe the organisation is committed to equal opportunities and diversity. ✓ Data collected and continuous improvement reflected in staff surveys. ✓ Increase in levels of attendance at mandatory equality training</td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>ENABLERS</td>
<td>RESULTS</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>2: To develop and maintain policies and procedures which support and underpin equal opportunities and diversity in the workplace</td>
<td>An equality audit of employment policies and procedures is conducted. Recommendations for improvements are incorporated into the action plan with appropriate training and communication across the organisation. Liaison with advisory agencies including the Equality Commission for NI to ensure legislative compliance and promotion of good practice. Policies and procedures agreed with Trade Unions via the Trust’s Workforce Governance Policy Sub Committee and the Trust Policy Committee.</td>
<td>✓ Be able to demonstrate that employment policies and procedures support the commitment to offer equality of opportunity and promote a working environment and culture that seek to respect, value and harness difference. ✓ Development of gender identity/transgender policy ✓ Development of Reasonable Adjustment training for managers. ✓ Increase awareness of good relations strategy and associated initiatives ✓ Utilisation of Bullying and Harassment Support Service</td>
</tr>
</tbody>
</table>
Utilisation of Domestic Abuse Support Service

Increased awareness and uptake of IWL initiatives

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>ENABLERS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3: To continue to take steps</td>
<td>The adoption of practices to promote equality of opportunity and encourage</td>
<td>Accurate and up-to-date employment equality statistical information is</td>
</tr>
<tr>
<td>towards making our workforce</td>
<td>fair participation.</td>
<td>available to complete statutory returns and S75 processes</td>
</tr>
<tr>
<td>more representative of the</td>
<td>The audit and review of equality monitoring systems and procedures to</td>
<td>Increased levels of reporting of equality monitoring data by staff</td>
</tr>
<tr>
<td>community we serve</td>
<td>ensure that they continue to meet the statutory requirements including</td>
<td>Be able to demonstrate progress towards goal of workforce being more</td>
</tr>
<tr>
<td></td>
<td>FETO and S75 reporting.</td>
<td>reflective of the NI labour market</td>
</tr>
<tr>
<td></td>
<td>The promotion of HRPTS employee self-service to update employee equality</td>
<td>Increased applications and appointments for advertised posts from</td>
</tr>
<tr>
<td></td>
<td>data and better inform policy development through S75 screening and EQIA</td>
<td>under-represented groups</td>
</tr>
<tr>
<td></td>
<td>processes.</td>
<td>Develop further links with schools to promote fair employment</td>
</tr>
<tr>
<td></td>
<td>The monitoring of the workforce and flows across equality categories and</td>
<td>affirmative action programme</td>
</tr>
<tr>
<td></td>
<td>benchmark against appropriate comparators.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identifying and modifying or removing practices that act as barriers</td>
<td>Affirmative action and outreach</td>
</tr>
<tr>
<td></td>
<td>whilst developing appropriate affirmative and positive action strategies.</td>
<td></td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>ENABLERS</td>
<td>RESULTS</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
</tbody>
</table>
| 4: To set in place appropriate systems to evaluate and measure the success of policies and the implementation of the employment equality and diversity plan | *The extent to which the organisations’ management of equality and diversity contributes to corporate objectives.*

*Evaluation of policies, procedures and training designed to promote equal opportunities within the organisation.*

*The Plan is monitored with quarterly reports of progress considered by the senior management team.* | ✓ Be able to demonstrate implementation of the Employment Equality and Diversity Plan |
| | | ✓ Statutory reporting completed |
| | | ✓ Staff surveys conducted to agreed timescale |
| | | ✓ Evidence of partnership working with internal and external stakeholders |
| | | ✓ Awareness of achievements and initiatives under the Plan |
| | | ✓ Managers awareness of qualitative and quantitative employment equality data in S75 screening and EQIA processes |
# APPENDIX 1 - ACTION PLANS BY OBJECTIVE

## OBJECTIVE 1

**TO PROMOTE AND CHAMPION EQUALITY, GOOD RELATIONS AND DIVERSITY WITHIN THE ORGANISATION**

<table>
<thead>
<tr>
<th>CORPORATE OBJECTIVES</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A CULTURE OF SAFETY AND EXCELLENCE</strong></td>
<td></td>
</tr>
<tr>
<td>1A Develop and implement a Communication Plan to promote the Plan its objectives and associated Employment Equality Policies and Procedures.</td>
<td></td>
</tr>
<tr>
<td>1B Integrate the objectives of the Employment Equality and Diversity Plan with organisational strategies and action plans including;</td>
<td></td>
</tr>
<tr>
<td>o S75 Action Plan</td>
<td></td>
</tr>
<tr>
<td>o Disability Action Plan</td>
<td></td>
</tr>
<tr>
<td>o Affirmative Action Plan (Fair Employment and Treatment Order 1998)</td>
<td></td>
</tr>
<tr>
<td>o Staff Survey Action Plan</td>
<td></td>
</tr>
<tr>
<td>o Health and Well Being Strategy Action Plan as it relates to Employment Equality</td>
<td></td>
</tr>
<tr>
<td>o Good Relations Strategy</td>
<td></td>
</tr>
<tr>
<td>o Human Resources Business Plan</td>
<td></td>
</tr>
</tbody>
</table>

| CONTINUOUS IMPROVEMENT | |
| 1C Implement and promote a programme of mandatory equality training across Trust locations for all staff | |
| 1D Review systems and procedures to monitor attendance at equality training. | |
| 1E Work with Directorates on demand to develop effective training programmes to meet the needs of Managers. | |
| 1F Maintain and review comprehensive evaluations of equality training to ensure Trust needs are met and resources are sufficient to deliver. | |
| 1G Develop an e-learning mandatory training option for staff | |
| 1H Support Learning & Development vocational training programmes | |
| PARTNERSHIPS | 1I | Promote, develop and support the employment equality networks including  
| | | o Disabled Employee Network  
| | | o HSC Regional LGBT Network  
| RESOURCES | 1J | Audit the accessibility of training venues across the Trust and review arrangements for the communication and facilitation of reasonable adjustments.  

**OBJECTIVE 2:**

**TO DEVELOP AND MAINTAIN POLICIES AND PROCEDURES WHICH SUPPORT AND UNDERPIN EQUAL OPPORTUNITIES AND DIVERSITY IN THE WORKPLACE**

<table>
<thead>
<tr>
<th>CORPORATE OBJECTIVES</th>
<th>ACTION</th>
</tr>
</thead>
</table>
| A Culture of Safety and Excellence | 2A | To develop a timetable to review existing Employment Equality Policies and Procedures to ensure legislative compliance and promotion of best practice.  
| | 2B | Contribute to organisational policy development through S75 screening and EQIA processes from an employment equality perspective.  
| | | Work with HSI colleagues to review and agree with ECNI a revised screening template and associated guidance to ensure the effective implementation of S75 duties.  
| Continuous Improvement | 2C | Develop the employment context of the Good Relations strategy incorporating;  
| | | o Staff survey results  
| | | o Review and further develop workplace initiatives to promote
<table>
<thead>
<tr>
<th>Continuous Improvement</th>
<th>2D</th>
<th>To continue to implement the employment dimension of the Disability Action Plan and associated Framework on the Employment of People with Disabilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous Improvement</td>
<td>2D</td>
<td>Incorporate training on the Disability Discrimination Act and Reasonable Adjustments into attendance management training. To develop a programme of training for managers on managing disability in the workplace with a focus on the reasonable adjustment duty. To review and further develop reasonable adjustment guidelines for managers.</td>
</tr>
<tr>
<td>Our People</td>
<td>2E</td>
<td>Review equality related employment law activity to identify common themes and areas for learning and development and engage with Service Directorates as appropriate.</td>
</tr>
<tr>
<td></td>
<td>2F</td>
<td>Work in partnership with a regional equality group to develop and implement good practice policies and procedures in relation to transgender and gender identity issues in the workplace.</td>
</tr>
<tr>
<td></td>
<td>2G</td>
<td>Develop and implement a Staff Bullying and Harassment Support Service.</td>
</tr>
<tr>
<td></td>
<td>2H</td>
<td>Continue to promote and support the Domestic Abuse Support Service for staff in partnership with HSI Team.</td>
</tr>
</tbody>
</table>
# Objective 3

**To continue to take steps towards making our workforce more representative of the community we serve**

<table>
<thead>
<tr>
<th>Corporate Objective</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A culture of safety and excellence</strong></td>
<td>3A Ensure equality monitoring systems continue to meet the statutory requirements including FETO and S75 reporting.</td>
</tr>
<tr>
<td></td>
<td>3B Complete and submit annual fair employment monitoring return.</td>
</tr>
<tr>
<td></td>
<td>3C Review Trust’s second A55R (2010-13) and associated action plan against 2011 census data. Evaluate progress and update affirmative action plan in consultation with Equality Commission for NI.</td>
</tr>
<tr>
<td></td>
<td>3D Implement FETO Affirmative Action Plan and further develop a programme of action to outreach and engage with the under-represented community including:</td>
</tr>
<tr>
<td></td>
<td>o Participation in sectoral affirmative action strategy in partnership with ECNI</td>
</tr>
<tr>
<td></td>
<td>o Link with Learning &amp; Development Team to further develop outreach to schools and community groups</td>
</tr>
<tr>
<td></td>
<td>o The use of a welcoming statement in recruitment advertisements (where appropriate)</td>
</tr>
<tr>
<td></td>
<td>o Development of an action plan to address issues identified with local community groups through surveys and focus groups to ascertain barriers to employment.</td>
</tr>
<tr>
<td><strong>Continuous improvement</strong></td>
<td>3E Benchmark workforce profile against other organisations.</td>
</tr>
<tr>
<td></td>
<td>3F In partnership with voluntary sector disability organisations provide a minimum of 15 work placements per year across the Trust.</td>
</tr>
</tbody>
</table>
| | 3G Continue to progress positive action initiatives for disabled people through the establishment of ring-fenced posts through the
<table>
<thead>
<tr>
<th>OUR PEOPLE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3H</strong></td>
<td>Workable Supported Employment Scheme. Maintain Employers for Disability accreditation as an Employer of Excellence and progress employability initiatives.</td>
</tr>
<tr>
<td><strong>3I</strong></td>
<td>Further develop employment equality monitoring to encompass; o Race and nationality o Community background and religious belief</td>
</tr>
<tr>
<td><strong>3J</strong></td>
<td>Participate in the Trust’s Disability Steering Group and associated sub-groups taking forward agreed actions as identified in the Groups Action Plan.</td>
</tr>
<tr>
<td><strong>3K</strong></td>
<td>Ensure existing employees who are or who become disabled are supported and facilitated through the Trust’s reasonable adjustment (RA) arrangements and where appropriate, Conditions Management Scheme. Monitor the effectiveness of the absence management protocol incorporating rehabilitation and RA arrangements.</td>
</tr>
</tbody>
</table>
## OBJECTIVE 4

**TO SET INPLACE APPROPRIATE SYSTEMS TO EVALUATE AND MEASURE THE SUCCESS OF POLICIES AND THE IMPLEMENTATION OF THE EMPLOYMENT EQUALITY AND DIVERSITY**

<table>
<thead>
<tr>
<th>CORPORATE OBJECTIVE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTINUOUS IMPROVEMENT</strong></td>
<td>4A Monitor implementation of Employment Equality and Diversity Plan and report on progress.</td>
</tr>
<tr>
<td></td>
<td>4B Ensure the availability of qualitative and quantitative employment equality data to support policy development and S75 screening and EQIA processes.</td>
</tr>
<tr>
<td></td>
<td>4C Monitor the uptake of policies and initiatives to support the implementation of the Employment Equality and Diversity Plan.</td>
</tr>
<tr>
<td></td>
<td>4D Further develop relationships with relevant statutory and voluntary agencies to promote, develop and evaluate employment equality initiatives including;</td>
</tr>
<tr>
<td></td>
<td>o Equality Commission for NI</td>
</tr>
<tr>
<td></td>
<td>o Business in the Community</td>
</tr>
<tr>
<td></td>
<td>o Employers for Disability NI</td>
</tr>
<tr>
<td></td>
<td>o Employers for Childcare</td>
</tr>
<tr>
<td></td>
<td>o Community, voluntary and TU organisations</td>
</tr>
</tbody>
</table>

| PARTNERSHIPS | 4E To ensure the effective communication of achievements and initiatives made under the Employment Equality and Diversity Plan to both internal and external stakeholders. |

| PARTNERSHIPS | 4F Ensure systems and processes are in place to conduct staff surveys and assess the views and aspirations of all staff in relation to employment equality initiatives. |
Appendix 2: Workforce Profile

GENDER
- Male: 78%
- Female: 22%

NATIONALITY
- British: 78%
- Irish: 6%
- Other EU: 2%
- Non EU: 1%

RACE
- White: 79%
- BME: 4%
- Unknown: 17%

RELIGIOUS BELIEF
- Christian: 60%
- Other: 7%
- None: 7%
- Unknown: 33%

GENDER
- Male: 78%
- Female: 22%

COMMUNITY BACKGROUND
- Roman Catholic: 50%
- Protestant: 45%
- Other: 5%

POLITICAL OPINION
- Broadly Nationalist: 7%
- Broadly Unionist: 6%
- Other: 7%
- Unknown: 26%

NATIONALITY
- British: 78%
- Irish: 6%
- Other EU: 2%
- Non EU: 1%
- Unknown: <1%

RACE
- White: 79%
- BME: 4%
- Unknown: 17%

RELIGIOUS BELIEF
- Christian: 23%
- Other: 6%
- None: 1%
- Unknown: 70%
For further information on the implementation of the Employment Equality and Diversity Plan please contact;

**Employment Equality Team**  
Human Resources Directorate  
McKinney House (4th Floor)  
Musgrave Park Hospital  
Stockman’s Lane  
Belfast  
BT9 7JB

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Email: Martin.McGrath@belfasttrust.hscni.net  
Email: Michelle.Morris@belfasttrust.hscni.net