Annual progress report to the Equality Commission for Northern Ireland

1 April 2011 - 31 March 2012
EQUALITY COMMISSION FOR NORTHERN IRELAND


Name of public authority (Enter details below)

Belfast Health and Social Care Trust

Equality Officer (Enter name and contact details below)

Orla Barron
Health and Social Inequalities Manager
First Floor, Graham House
Knockbracken Healthcare Park
Belfast BT88BH
Telephone: 028 90960069
Textphone: 028 90902863
Fax: 028 9056601
Email: orla.barron@belfasttrust.hscni.net
Executive Summary

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

The Trust is one of the largest in the United Kingdom with an annual budget of almost £1.3 billion and has 20,000 staff. It provides integrated Health and Social Care to 340,000 people in Belfast and Castlereagh and specialist services to all of Northern Ireland.

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

1. Approval of revised Equality Scheme

Further to their production of guidance on the implementation of Section 75 for public authorities, the Equality Commission had notified the Trust’s Chief Executive in October 2010 of the need to produce a revised Scheme as per Schedule 9 3(1) (b) of the Northern Ireland Act 1998. In conjunction with this, the Commission had recommended that the Trust produce an Action-based Plan to address Section 75 inequalities. The Equality Commission (ECNI) recommended that an Audit of Inequalities was conducted to inform this.

One of the most notable achievements in terms of Section 75 for the Belfast Trust in this reporting period was the approval of the revised Equality Scheme. The Trust’s commitment to Section 75 is primarily demonstrated through the Trust Equality Scheme. The Equality Scheme provides a framework for how the Trust will implement its Section 75 statutory duties and is co-signed by the Trust Chief Executive and Chairperson to demonstrate strategic commitment to Section 75. In developing the Scheme, the Trust had fully adopted the model Scheme devised by the Equality Commission of Northern Ireland – the purpose and intent of which was to set out best practice. Belfast Trust customised the Scheme to outline its functions, the staff that it employs and the profile of the population to whom it provides health and social care.
Health and Social Care Trusts worked together to develop their Equality Schemes, carry out an inequalities audit and develop Action-based Plans to tackle identified inequalities in health and social care.

HSC Equality Leads with Mr Pat McCartan Chair of Belfast HSC Trust and Ms Donna Heaney, Equality Commission NI at regional workshop

The Trust consulted widely on its Equality Scheme and Action-based Plan over a 13 week period beginning 10th December 2010 and 11th March 2011.

Further to the consultation period from 10th December 2010 until 11th March 2011, the draft Scheme was submitted to Trust Board for approval in April 2011. After it was approved, it was accordingly submitted to the Equality Commission for Northern Ireland by the statutory deadline of 1st May 2011 for their approval. The Trust’s Equality Scheme was formally approved by the ECNI on 24th August 2011 and became fully operational on the same date.

Bob Collins, Chief Commissioner, Equality Commission NI said “The Equality Commission acknowledges 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.”

2. Audit of Inequalities

In accordance with the ECNI recommendations, Belfast Trust conducted an audit of inequalities pertaining to one or more of the Section 75 categories.
The Trust acknowledges that there is a close association between Section 75 inequalities and the broader socio-economic inequalities – having a disability, or belonging to an ethnic minority group or being gay can very often corroborate the inequality of coming from an area of deprivation and thus further perpetuate the barriers to health and social care. Through its audit of inequalities, the Trust has established which are the recurring themes across service provision, employment and procurement and has sought to address them by devising an Action-based Plan. An Emerging Themes document has been prepared and is available to download at www.belfasttrust.hscni.net

3. Action-based Plan

In its Guidance for Public Authorities on implementation of Section 75 2010, the Equality Commission for Northern Ireland recommended that all Equality Schemes are accompanied by an Action-based Plan on the context of their functions. The Commission recommended that the Action Plan should be informed by a Section 75 Inequalities Audit.

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

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The fundamental purpose of the Action-based Plan is to bring about real and tangible outcomes for service users and staff and to shift from process to outcome.
4. Implementation of Revised Equality Scheme

The revised Scheme was approved 24th August 2011 and became fully operational on the same date. Until this date the previous Scheme for Belfast Trust applied. Belfast Trust recognises the strategic importance of full implementation of the revised Equality Scheme to facilitate better public policy and outcomes and that its effective implementation will ultimately lead to improvements in people’s lives – for both service users and staff.

Given the sheer size and scale of Belfast Trust and that this Scheme impacts on all Trust functions, ongoing communication, training and awareness building are paramount to the effective implementation of the Scheme and the inherent key changes.

The Trust recognises the greater emphasis on the need for commitment and leadership from the Trust’s Senior Management Team in the discharge of the Section 75 duties. The revised draft Scheme was presented to Trust Board for approval in December 2010 before it was issued for consultation and was then presented at the Chief Executive Briefing in recognition of the need for commitment and leadership from the Trust’s Senior Managers in the discharge of the Section 75 duties. Every member of staff receives an electronic or hard copy of the Chief Executive briefing and each item is a mandatory agenda item at each team meeting.

It was vital that managers at senior level have an in-depth understanding and ownership of the revised Scheme and the changes in the screening template and guidance and the publication of the quarterly screening report. Presentations were also provided to the key mechanisms through which policies must pass for quality assurance – namely the Policy Committee and the Standards and Guidelines Committee.

A specific training package on the revised Scheme and Action-based Plan was devised and delivered, along with a briefing which was produced and issued to all managers for dissemination to their staff. Awareness was also heightened through intranet articles and a summary for staff on the Scheme and Action-based Plan.

The Scheme and Action-based Plan were also presented at the Personal and Public Involvement Steering Group in draft format before being approved and is reported on regularly at subsequent meetings.
A summary document was also produced for interested parties and an easy read version of the document was also devised and made available. A training pack on Section 75 for Personal and Public Involvement Leads to build capacity within PPI Panels

The Trust recognises the importance of regular awareness building and training so that every new member of staff understands their individual and the overall corporate responsibility to implement the statutory S75 duties. A summary on what the Equality Scheme means for staff has also been produced.

5. Revised Screening Template

Belfast Trust, along with other HSC Trusts, has introduced a new screening template. HSC Equality Leads met in July 2011 to commence work on the new screening template and the design of quarterly reports, along with implementation of other requirements to ensure consistency and to consider best practice which are currently used. The Screening template is in line with the Equality Commission for Northern Ireland’s Guidance for public authorities on implementation of Section 75. This has been produced and reflects the new screening questions and outcomes.

The Equality Commission noted that there were a number of additional good practice features over and above the Commission’s screening template adopted by the Trust including:

- Incorporation of how the Trust has involved others in the screening Process.
- Incorporation of the Disability Duties and Human Rights sections.
- Consideration of screening of the policy at different stages of implementation.
- Adding consideration of the monitoring arrangements as part of the screening process.
• A requirement that all screening forms are sent to a central point in the equality unit and reviewed for equality assurance and issues raised with policy lead where appropriate.

• The development of an associated guidance document on using screening template.

The template has been rolled out in association with the introduction of mandatory equality training for all staff and managers and the design and delivery of a regional screening masterclass (with co-delivery by BHSCT, SHSCT and SEHSCT Equality leads).

6. Introduction of Quarterly Screening Outcome Report

In the interest of transparency and in order to facilitate timely stakeholder engagement in screening outcomes, the Trust is required to prepare and publish for information quarterly reports on its screening outcomes. The quarterly report details all policies screened over a three month period and include decisions reached. The report is available online and alternative formats. Belfast Trust has completed 3 online screening reports in this reporting period (September to December 2011, January to March 2012 and April to June 2012.)

If any stakeholder, including ECNI, raises a concern with cogent evidence to substantiate their concern about the screening decision, the Trust will review its decision and decide whether to screen it again.

7. Northern Ireland Health and Social Care Interpreting Service

Belfast Trust manages the Northern Ireland Health and Social Care Interpreting Service on behalf of Health and Social Care organisations across the family. The service has continued to experience unprecedented demand for face to face language assistance and this, along with the increasing diversity of minority ethnic languages sought has resulted in the need to recruit, select and train new interpreters. There are now 36 different languages provided and recent capacity building has increased the volume of registered and accredited professional interpreters to 360. Necessary for delivering an ever increasing and complex service.
Demand for the service continues to increase on an incremental basis – for instance the third quarter in 2011 bore witness to over 14,000 requests and subsequently over 15,000 requests from October till December 2011.

The success and evolution of the service was recognised in the national Healthcare People Management Association Awards in 2012. The Service Manager and the Health and Social Inequalities Manager provided a written submission under the category of Equality and Diversity and were shortlisted to present on the service. It is testament to the success of the service that it was awarded first prize in the national equality and diversity award. The judges praised the way this project created work opportunities for members of the local community as well as helping members of the community to access health and social care services. They felt a lot had been achieved with a very small team responding to a massively increasing demand.

Paula Walters from NILAH (National Leadership and Innovation Agency for Healthcare) presents Ligia Parizzi, NIHSCIS Manager, Orla Barron, BHSCT Health and Social Inequalities Manager and Claire Hamilton, NIHSCIS Administrator with first prize in Equality and Diversity

8. Review of HSC Interpreting and Translation mechanisms

As previously reported in the 2010-2011 Annual Progress Report to the Equality Commission, the Trust engaged with the Health and Social Care Board in the last report to look at the development of a regional strategy for minority ethnic interpreting to ensure consistency and good practice and also so that the service and dedicated resources meet the needs of the increasingly ethnically diverse population in Northern Ireland.
A review was commissioned by the HSC Board and is being led by the Leadership Centre at the Beeches. The aim of the review was to assess need and to take stock of the current model of provision of face to face and telephone interpreting for minority ethnic groups, and language translation services, including service delivery and funding arrangements. It is anticipated that this will form the basis for developing a model to meet future needs for access to health and social care through a service which is equitable, high quality, value for money and promotes equality of opportunity. The following objectives were set to be achieved through the review:

- To identify a clear agreed regional strategic direction for face to face and telephone interpreting service provision and language translation for minority ethnic groups.

- Assess the level and range of need for language interpreting in respect of access to health and social care in Northern Ireland and identify options for delivering a future service which is equitable, value for money and promotes equality of opportunity.

- To consider the governance and accountability framework for the service.

- To establish an agreed performance monitoring and reporting framework.

- To ensure consistency of service delivery and funding arrangements for all HSC bodies using the service, including Trusts, GP practices, Dentists, General Ophthalmic Services (GOS) Optometrists and Community Pharmacists.

- To clarify and agree funding arrangements for interpreting support required by clients referred to non-statutory providers by HSC bodies.

- To determine the appropriate level of funding for interpreting services for Northern Ireland.

- To determine the most appropriate provider of the future service.
To agree the most appropriate arrangements for the future provision of translation services.

It is anticipated that findings and recommendations will be shared later in 2012.

9. Good Relations Strategy

In the revised guidance for public authorities on implementation of Section 75 based on the Effectiveness Review of Section 75, the Equality Commission propounded that public authorities had made better progress in their fulfillment of Section 75 (1) the duty to promote equality of opportunity than S75(2) in the good relations duty. The Trust had acknowledged the interdependence of equality and good relations in its revised Equality Scheme.

Work has been underway to develop a Good Relations strategy for the Belfast Health and Social Care Trust. The Trust is the first of the Health and Social Care Trusts to initiate work on a Good Relations Strategy. A Steering Group was established and first met in June 2011 to draft a proposal to progress this piece of work. The group is chaired by one of the Human Resources Co-Director and consists of representatives within the Trust from Equality, Service groups and the Chaplains, as well as representatives from Trade Unions, Community Relations Council and community groups. This proposal was submitted and endorsed by the Executive Team. Development of this strategy will represent a significant corporate initiative in that the promotion of good relations will help in the Trust’s overall purpose to address inequalities – nonetheless the Trust recognises that this will be a challenging but worthwhile piece of work. An audit was conducted both internally and externally and spanned Trust functions of service provision, employment and procurement. The Trust convened a community engagement workshop on 29th March in the Grosvenor Hall to involve community groups and representatives from across Belfast and across the Section 75 groups to ensure that their perspective is reflected.

Once results and feedback are correlated and analysed, the Trust will develop a draft strategy and action plan and it is anticipated that these will be issued for formal consultation in late 2012.
10. Employment Equality Initiatives

10.1 Employment Equality and Diversity Plan

The Trust fully recognises its responsibilities as a major employer in the provision of healthcare and in particular its role and responsibilities to the staff who provide health and social care. In order to progress this the Trust has now developed and implemented its second Employment Equality and Diversity Plan in partnership with Trade union representatives and in accordance with the Equality Commission guidelines. This Plan incorporates a 3 year action plan for 2011 – 2014 and will build on the success of the Trust’s first Employment Equality and Diversity Plan – 2008 - 2010. The Plan enables a coordinated framework to be set out over the next 3 years for the legislative, policy and best practice initiatives for the Employment Equality Team. In particular it takes account of the issues highlighted through the Trust’s Inequalities Audit conducted in December 2010, Staff Survey Action Plan and Disability Action Plan.

A progress report against the ten overarching key objectives was presented to the Trust’s Joint Negotiating Consultative Forum’s Workforce Governance Policy sub Committee in January 2012 highlighting achievements to date. Progress is reported on an ongoing basis against all the objectives and communicated throughout the Trust via a number of mechanisms including the Intranet, presentations and training programmes.

In February 2012 a presentation on Positive Action in Employment Equality was made at the Chief Executive’s Briefing ensuring achievements were highlighted to the all of the Trust’s Senior management Team and disseminated throughout the Trust via the team brief system.

The Plan will be monitored on an ongoing 6 monthly basis by the Trust’s Workforce Governance Policy Sub Committee and via the Trust’s Accountability Review process.

10.2 Regional Equal Opportunities Network

The HSC sector continues to work collaboratively 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 under the Business Service Transformation Programme (BSTP) which will transform the way that some of the critical business functions in Trusts are delivered. It has also engaged regionally with the ECNI on a number of issues, in particular taking forward the key themes identified in the ECNI HSC Sector Fair Employment Report.

10.3 Policy Development and Review

The Trust has continued to monitor the effectiveness of its Equality Policies and Work Life Balance Flexible Working Policies and Practices. During the period it completed a review of its Flexible Retirement Policy to take account of the legislative changes relating to the removal of the national default retirement age and flexible retirement options available in the Trust. As a result of the Good Relations Audit the Trust has reissued its Harmonious Working Environment Statement - Joint Declaration of Protection in poster format to be displayed at facilities throughout the Trust to ensure awareness is raised.

In relation to the Work Life Balance Policies which cover: Employment Break, Job Sharing, Part Time working, Term Time Working, Compressed Working, Home-working, Flexi Time and Flexible Retirement, the uptake of these policies has been monitored. During this period a total 849 applications for flexible working options were received 90% of which were approved. The Policies have been widely communicated throughout the Trust and are covered in Managers’ Induction and mandatory Equality training sessions.

10.4 Migrant Workers Charter and Steering Group

In association with Business in the Community the Trust has signed up to the Employers’ Charter for Employing Migrant Workers in Northern Ireland. The Charter offers best practice advice and guidance to support employers and provides a visible commitment to signal positive action for the migrant worker community.

In order to take this forward in the Trust a Multidisciplinary Steering Group has been established to develop and implement an action plan to progress this initiative. A scoping exercise is being completed to identify key issues
for Migrant Workers and current policy, practice and support initiatives in the Trust. The Trust is engaging directly with migrant worker staff via questionnaires and support groups to hear their experiences of working within the Trust with a particular focus on pre-employment, starting employment and continuing employment. Results from this research will then be taken forward and an action plan developed.

Deborah McConnell, Business in the Community; Alison Kerr, Senior HR Manager; Gladys McKibbin, Senior HR Manager, John service, Senior Manager, PCSS; Kunjumon Lyochen, Trade Union Representative; Danny Cusack, Senior Manager

10.5 Improving Working Lives

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 and Health and Safety was effective in implementing the Action Plan. A range of initiatives were in place over the period to improve the working lives of staff. These included:

- The annual Trust Summer Scheme which ran for 7 weeks in 3 locations facilitating 379 children from 242 families and helping parents to balance their work and caring commitments over the summer months and minimise service disruption.
• A total of 602 Trust staff availed of the Employers for Childcare voucher scheme.

• Special Leave provisions are available for maternity/paternity/adoption/parental and carer’s leave in excess of statutory requirements.

• Two maternity sessions information sessions attended by 61 participants were held detailing key human resource, payroll and health improvement issues.

10.6 Childcare Works Awards 2011

Public Sector Company of the Year

The Belfast Health and Social Care Trust was awarded winner of the public sector category at the inaugural Childcare Works Awards 2011 in association with Employers for Childcare. The Childcare Works Awards recognise those organisations who have exhibited excellence in family friendly policies and practices. One of 12 finalists the judging panel was impressed with the high standard of excellent family friendly working policies provided, leading the way for other organisations to follow.

The judging panel commented that the BHSCT highlighted the provision of family friendly policies exceptionally well, with an abundance of policies in practice, the most innovative and noteworthy initiative being the provision of the annual summer scheme.

The Trust is delighted with this achievement which recognises its commitment to improving the working lives of all of its employees. The Trust’s Workforce is 80% female, many with caring responsibilities, and the provision of family friendly policies and the Trust’s Summer Scheme have proven to both improve employees’ work life balance, boost morale and enable quality service provision to patients and clients.

As a winner, the Improving Working Lives team were awarded £500 prize money which they donated to the ‘Helping Hand’ charity for the Royal Belfast Hospital for Sick Children MRI scanner appeal.
11. New Entrants Service

The Belfast Trust has recently developed a Northern Ireland New Entrant Service (NINES). This nurse led service aims to provide access to health care for new entrants to Northern Ireland to include new immigrants, asylum seekers, refugees, and clients who are unable to register for GP services. The service will offer Mantoux testing and BCG vaccination for children and infants identified through the “at risk” screening programme. A range of clinics can be accessed to address the health and social well being needs of the client group. Over the coming months clinic sessions will be further developed to include a GP clinic and a consultant led paediatric clinic.

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

12. MORE

Belfast Trust has continued to respond to the financial challenges set by the Comprehensive Spending Review through its MORE programme
(Maximising Outcomes, Resources and Efficiencies). Equality considerations are mainstreamed from the outset of any proposals and these are under kept under ongoing evaluation at the monthly screening review meeting.

13. **Strategic Services Review**

During this reporting period, the Trust continued to implement other proposals on service reconfigurations. All of these proposals had already been subject to formal consultation and individual equality impact assessment during 2010-2011. Feedback from consultees was provided during both the pre-consultation and formal consultation periods.

The acute services reorganisation involves two phases: Phase 1 and 2. **Phase 1** includes ENT & Paediatric ENT, General Surgery & Vascular Surgery, Gynaecology and Urology, for which there is limited capital investment required.

**Phase 2** does require capital investment, includes Cardiology, Ophthalmology and some Children’s services.

13.1 **Equality Impact Assessment on the proposal to reorganise Rheumatology and Dermatology Services in Belfast**

One of the proposed reorganisations within the biggest review for Belfast Trust – that of the Acute Services (Strategic Services Review) in 2010 was one to bring together Adult Rheumatology and Dermatology Services at the Belfast City Hospital. The aim of this proposed reorganisation was to improve service provision and access to Biologic Therapy Services and to reduce duplication of the service across two sites. During the consultation process a number of responses to both the Right Treatment, Right Place consultation paper and the Equality Impact Assessment on the proposal indicated concerns about the Belfast City Hospital’s capacity to provide the service such as access to the rheumatology supporting facilities e.g. the hydrotherapy pool at Musgrave Park Hospital, physical access, car parking and whether it would be feasible to develop the Biologics Service at BCH.

Belfast Trust took on board the concerns about the proposed site and decided not to proceed with the proposal, but rather to reconsider their options in light of the consultation responses. A further review of options in
regard to the future delivery of Rheumatology and Dermatology Services in Belfast was undertaken by a Multi-Disciplinary Project Team in 2011/2012. Based on this new consideration of options, the Project Team recommended the single site configuration for Adult Rheumatology and Dermatology but at Musgrave Park Hospital site as being the best location for the services. This consultation goes one step further than the last consultation in 2010 which did not address the need to reorganise the majority of outpatient services and so avoid duplication across sites.

It is envisaged that this consultation document and associated Equality Impact Assessment shall be issued in June 2012 for a 13 week consultation paper (due to the fact that some of the consultation period falls into the summer months).

13.2 Equality Impact Assessment on the proposal to Reshape Maternity Services in Belfast

Belfast Trust issued a consultation paper and an associated Equality Impact Assessment on the proposal to reshape Maternity Services for a twelve week consultation period from 1 March – 31 May 2012. The Trust proposed that consultant-led Obstetric services for Belfast would be provided at the Royal Jubilee Maternity Service alongside the existing Midwife-led care, and that a free-standing Midwife-led Unit should be developed at the Mater Hospital. It also detailed proposals on the provision of ante and post natal care.

The aim of this review was to ensure that the Maternity Services in Belfast continue to provide a quality service for high risk pregnancies from across the region, whilst ensuring that women at both low and high risk of complication have their birthing experience in an environment which is appropriately staffed to meet their needs, in the most appropriate location, with appropriate clinical linkages for delivery and initial post-natal and neonatal care.

After the formal consultation period ends on 31st May 2012, the Trust will consider all the responses made and review its proposals in light of these before making any decision will be taken on how to proceed.
13.3 Temporary Closure of Emergency Department at Belfast City Hospital

In Autumn of 2011 the Trust found itself in a position whereby it had to temporarily close the Emergency Department at Belfast City Hospital and consolidate Emergency Care Services at the Royal and the Mater Hospitals. This was in response to the urgent need to address the inability to sustain Emergency Care Services at the City Hospital primarily caused by the loss of senior medical staff, recruitment shortages and a report by Northern Ireland Medical & Dental Training Agency (NIMDTA) on Belfast Emergency Department services which highlighted serious concerns in relation to the safety and sustainability of services as a result of sustained medical staff shortages at all grades.

The crisis situation which these difficulties created had serious implications regarding the safety of patients. The Trust is committed to its legal duties and fundamental principles under Section 75 of the Northern Ireland Act 1998. In terms of equality assessment of this proposal, it is recognised that the immediate need to address a potential clinical emergency which is linked to patient safety, superseded the need to do a full Equality Impact Assessment in the first instance but Trust was cognisant of the need to nonetheless consider and mitigate any potential adverse impact. Belfast Trust committed to monitor the impact of the temporary closure on an ongoing basis to ensure that the impact is not more significant than initially anticipated. The Trust also assured stakeholders that should there be any long term plans for Emergency Department Services, they would be subject to full public consultation and Equality Impact Assessment.

Mitigation regarding the temporary closure involved many clinical and organisational improvements and the Trust recognised that given the imminent temporary closure on 1\textsuperscript{st} November 2011 that widespread and accessible communication was crucial. Email notifications and advice letters were disseminated to all Trust consultees and Section 75 organisations, to General Practitioners and to political representatives. Health and Social Inequalities worked closely with Planners, Communications team and Community Development to ensure that the information was comprehensively and widely available. Posters and letters were translated into the top 5 languages (most requested via the Northern Ireland Health and Social Care Interpreting Services. This information was
also translated into Romanian and Bulgarian to ensure that those with no recourse to public funds and cannot access GP services or health and social care provision and therefore tend to access Emergency Department Services were aware of the temporary closure. The information was also transcribed into easy read format and distributed by Learning Disability Services to service users.


The Disability Steering Group oversees implementation of the Disability Action Plan at a local level and is regularly updated on the regional actions of the various workstreams. The DSG will also contribute to the five year review of the previous Disability Action Plan and the formulation of a draft second Disability Action Plan. Guidance on how to conduct and Access Audit was devised, further to the successful exercise to audit the accessibility of the ENT clinic at the Royal Group of Hospitals.

The Group was also responsible for drafting and implementing a policy on Assistance Dogs in HSC settings in partnership with disability representative organisations. This has been shared with regional HSC colleagues so that there will be consistency and good practice in the welcoming and appropriate procedures in terms of service users and their assistance dogs. The creation of the Disabled Employee Network, the drafting of the revised Disability Action Plan, Employment Equality projects, access issues and initiatives are among some of the core items on the agenda. A range of guest speakers and attendees are invited to come to discuss issues with the group and propose joint courses of action – for example Speech and Language Therapists from the Trust’s Good Information Group presented on their good practice work and standards of communication.

In addition to the Trust’s local Disability Action Plan, the Trust has been working in partnership on a regional basis to achieve the objectives in the Regional Disability Action Plan. In relation to the employment objectives the Trust has implemented 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 has launched, following a collaborative initiative with other HSC Trusts, a disability module as part of its Discovering Diversity E-Learning
Programme. It 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 commitment to this is set out in its Work Placement Protocol for People with Disabilities. In this period 19 placements were put in place and 5 ring fenced job opportunities have been implemented for people with mental health disabilities under the Workable Scheme. The Trust was delighted to contribute to the Action Mental Health conference in November to share its progress in implementing positive action initiatives.

Following on from the Trust’s survey of its staff with disabilities in 2010, which focused on their needs and perceptions relating to access to training, views on Trust support and how to promote greater engagement with staff in order to identify areas for action, the Trust has been actioning the specific recommendations. This included, in March 2012, the launch of the Network for Staff with Disabilities at a special event to which key internal and external stakeholders were invited to hear about the work the Trust has been doing, the development of the Network, key messages from staff with disabilities employed in the Trust and the aims and objectives of the Staff network.

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

It provides a chance for disabled staff to get involved in the decision making process and to make a positive contribution to our workplace. The Network is an opportunity for disabled staff to raise the profile of important issues and assist the Trust in the development of policies, procedures and reasonable adjustments. It also raises awareness of disability issues in the Trust via articles & training. The Network meets Bi-monthly and membership is open to any member of staff with a disability.

15. 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 and Public Safety. Equality representatives from the five Health and Social Care Trusts, the Ambulance Service Trust, the Business Services
Organisation and Northern Ireland Fire Service come together with counterparts at the DHSSPS to discuss and share best practice, topical issues that affect the region as a whole.

16. **Domestic Abuse Support Service**

The Trust continues to provide and deliver the domestic abuse support service for staff. The Trust had developed an interim domestic abuse support policy until such times as the Trade Unions had agreed a regional workplace policy. The Trust has now adopted this agreed policy to ensure regional consistency. The support service had provided a model for other employers and the Trust actively supports other organisations across the private and public sector to adopt a workplace policy and support service.

17. **Engagement with Rainbow Project**

Within the Action-based Plan, HSC Trusts committed to work in partnership with Lesbian, Gay, Bisexual and Transsexual community to consider the development of training and awareness building. Belfast Trust organised a workshop with Rainbow Project to discuss collaborative working. It was also important to ensure that any new projects would only complement and not duplicate existing efforts on behalf of the Public Health Authority or the regional Sexual Orientation Working Group.

A teleconference was held with the Public Health Authority who provided an overview of their thematic Action-based Plan to tackle major inequalities, covering the following 4 key areas:

- To reduce stigma and raise awareness in schools and increase visibility of LGB people through PR campaigns in local press e.g. Counselling service for LGB people and to work with media to publicise events such as Pride and Outburst.

- To work with HSC to provide educational training to ensure staff are more LGB aware and sensitive, including the development of the e-learning module on LGB which will be a 1 hour module available for all HSC frontline staff – but also available to education and employers since so many of the issues are the same. Small writer groups have been establish from LGB sector, PHA, BSO. It will be available free of charge to all Trusts. Discussion ensued regarding
having this module incorporated within Discovering Diversity and this possibility will be further explored.

- Detail was provided regarding a joint project involving Rainbow and Age NI whereby they conducted research work in residential and nursing homes in relation to LGB experience. This will ultimately result in a paper developed to make these residential settings more accessible for older LGB.

The Public Health Authority also committed to work closely with Trusts to ensure LGBT smoking, drugs and alcohol issues are contained in commissioning plans. Training will also include appropriate information on assistance and support, which can be offered to improve the health and wellbeing of local LGB people.

The creation of the forum for HSC staff who are lesbian, gay and bisexual had been endorsed and supported by the Trust Human Resources Directors and Trade Unions. Trust Equality leads acknowledged the importance of circulating this information and ensuring ease of accessibility for Trust colleagues wishing to partake.

Trust Equality leads also discussed the issue of monitoring sexual orientation of service users and sought advice from Rainbow Project representatives. The Trust has successfully implemented sexual orientation monitoring of all its staff and would hope to consider implementation of monitoring across all 9 Section 75 groups in the future.

18. Regional Accessible Communications Group

Accessible communication is paramount in facilitating active participation in all decisions affecting an individual’s health and well being and life in general. Some people with disabilities use different communication methods or require different kinds of communication support. Health and Social Care morally and ethically has a duty to provide accessible communication and facilitate meaningful engagement with disabled people. Good communication engenders trust and according to the British Medical Association is “accepted as fundamental to effective patient care”. Health and Social Care staff are also legally bound to make reasonable adjustments such as communication support under the Disability Discrimination Act NI Order.
Belfast Trust and Northern Trust Equality Leads initiated the establishment of a Regional Accessible Communications Group for the purpose of creating a quick reference guidance for HSC staff on how to communicate effectively and sensitively to people with a disability. The group included many experts from across disabled organisations who provided their expertise and quality assurance of the final product. The final resource will be available online and in hard copy and will be subject to regular review to ensure that the content is still up to date and comprehensive.

19. **No recourse to public funds**

The Health and Social Inequalities manager attended a regional event in February 2012 focusing on the issue of No Recourse to Public Funds. This had been convened by the South Eastern Trust Equality Manager and Social Work Training Team. Over 100 staff attended and speakers included the Directorate of Legal Services and the Law Centre. The Trust has been invited to join a National No Recourse to Public Funds Network and will attend a training workshop in April 2012.

20. **Review on Sensory Support Services**

Work has begun on examining the future of health and social care sensory services within Northern Ireland. The services are currently being shaped by a number of key drivers:

- Vision 2020, 2008
- SSI Challenge and Change Final Report, 2011
- RQIA Review of Sensory Support Services in Northern Ireland, 2011
- Transforming Your Care, 2011
The Trust will participate in a regional workshop to be held on 27 April 2012 to bring together the key stakeholders involved in the commissioning and delivery of Sensory Services in Northern Ireland and seek clarity on how the current regional recommendations in relation to sensory services are taken forward over the next 1-3 years. The workshop will help to develop an action plan to inform further discussions.

During 2011-2012 the Trusts worked together to update the consultation list. This is a useful resource for all organisations and has been used by many Department and Directorates. As part of this initiative the Trust Equality staff work in conjunction with Personal and Public Involvement and staff.

21. **New Mother BME initiative**

The Trusts have been working collaboratively to progress the actions contained in the action-based plan to reduce inequalities. South Eastern Trust and Southern Trust have been working with midwives to produce information in a more accessible format for black and minority ethnic mothers using maternity services.

22. **DVD for complaints**

Again in accordance with partnership working within the HSC, the South Eastern Trust is taking the lead on a regional initiative addressing the production of a DVD on Complaints. This DVD will include sign language and will improve access for all service users. The DVD will be launched in Autumn 2012.

23. **Carers Strategy**

Considerable work has been taken forward regionally to make sure carers are supported in their role. Belfast Trust has developed a [Carers Strategy](#) in partnership with Carers. Carers have a right to a Carers Assessment and often the completion of an assessment can identify appropriate support to alleviate stress. The Health and Social Care Board (HSCB) annually collate the numbers of carers assessments offered and completed by each Trust. They also record the number of declines. This information is distributed to all Trusts on a quarterly basis and the uptake of assessments is closely monitored.
Last year the Trusts carried out a self audit of support offered to family carers in relation to all regional guidance and standards. Implementation of actions identified through the audit process is monitored by the Regional Carers Strategic Implementation Group (CSIG). Membership of CSIG includes a number of carers. CSIG is also developing action plans to work regionally in a number of areas including:

- Links with primary care
- Hospital discharges
- Protocols for referral and sign posing
- Training for carers
- Carer involvement
- Respite.

The HSCB regional respite group is also progressing actions around respite for family carers. During 2011/12 each Trust made progress in establishing its own local respite group to take forward local actions.

During 2011-12 the Regional Quality and Improvement Authority carried out an assessment of support provided for carers in each Trust. Trust’s are awaiting the final outcome of that assessment and look forward to working with carers to implement the recommendations.

### 24. One-stop-shop

A one-stop-shop has been developed by Belfast Trust to help meet the health and wellbeing needs of minority ethnic communities.
A pilot for a new regional one-stop-shop pilot project for migrants is being led in the Belfast Health and Social Care Trust area and is funded by the Public Health Agency and the Health and Social Care Board. It is recognised that ethnic minorities may have complex health needs, but may also have difficulty getting the support they need (and are entitled to) from our health and social care system.

The service will complement existing services and offer holistic health and social wellbeing assessments and screening, advice on aftercare and potential onward referral.

The decision to fund such a service was announced at a conference on minority ethnic health and well being issues in October 2011. The Trust’s Associate Medical Director chaired the event and the Trust’s Health and Social Inequalities Manager presented on the Northern Ireland Health and Social Care Interpreting Service.

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

The main initiatives planned in the coming year to ensure the Trust improves outcomes in terms of equality of opportunity and good relations for individuals are set out within the Trust’s overall corporate management and detailed within the directorate management plan and Health and Social Inequalities management plan (as detailed in Appendix 1).
26. **New / Revised Equality Scheme**

The Trust will continue to implement and raise awareness of the Revised Equality Scheme, new screening templates and the inherent changes within the revised Scheme.

27. **Progressing the Good Relations Strategy**

The Trust will issue its draft Good Relations Strategy and action plan for consultation in the forthcoming reporting year. The strategy has been well informed by key stakeholder involvement.

28. **Implementation of the second Disability Action Plan**

Under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), the Trust is required, when carrying out its functions, to have due regard to the need to:

- Promote positive attitudes towards disabled people; and
- Encourage participation by disabled people in public life (‘the Disability Duties’).

Under Section 49B of the DDA 1995, the Trust is also required to submit to the Equality Commission a Plan showing how it proposes to fulfil these duties in relation to its functions. The first Disability Action Plan that Health and Social Care Trusts had prepared extended from 2007 until 2012 and Health and Social Care Trusts are required to devise a second Disability Action Plan in 2012.

Collaborative working was key to the informed development of the first Disability Action Plan and helped facilitate implementation of the actions therein. Trusts will replicate this approach given its effectiveness and success when they devise and consult on their second Disability Action Plan in May 2012. Further to the consultation period, the Trust will work both locally and regionally to progress the actions therein. The [second draft Disability Action Plan](#) will be available for formal consultation from 29th June - 1st October 2012 for service users, staff and interested bodies.
29. Welcome Pack

The Equality Manager has worked on updating and revising the Welcome Pack, which had been developed in the Legacy Royal Trust for use with acute ward inpatients who are not proficient in English as a first or second language. The resource has also been translated into other currently popular languages (as per Northern Ireland HSC Interpreting Statistics). Hungarian, Tagalog, Farsi and Somali. The resource is now translated into 18 languages.

This will be formally launched and distributed across the acute inpatient wards with an accompanying training session to ensure that staff are familiar on how to use the resource to maximum benefit.

30. E-learning – ethnic minorities

The Trust has worked collaboratively with other HSC Trusts on the production of the e-learning module on ethnic minorities. The NI HSC Interpreting Service was interviewed and features in a video clip within the module. This will be formally launched and marketed in the Trust in the coming year.

31. Implementation of Review of Interpreting and Translation Services

The Trust will play a key role in the implementation of the review of interpreting services, due its management of the Northern Ireland Health and Social Care Interpreting Service.

32. Implementation of Action-based Plan

Belfast Trust will continue to work locally and collaboratively with other Trust’s to progress the actions contained in the action based plan for the coming year.

These include:

• The pilot on work on the development of common ethnic monitoring
information routinely available on Health and Social Care Information systems. This will be done in partnership with NICEM, OFMDFM, NISRA and the DHSSPSNI.

- Continued work on implementing the Employment Equality Diversity Plan for 2011-2014
- Provision of Mandatory Equality training
- Publication of Quarterly Screening reports
- Annual update of the regional consultation list
- Annual review of Code of ethics and expansion of the register of accredited interpreters
- Contributing to development of regional interpreting strategy
- Launch of Multi-Cultural and Faith guide for HSC Staff
- An easier to read Health and Social Care procurement guide
- Annual review of the Accessible Communication Guidance
- Further development of an easy-read library and translated HSC materials
- Production of Annual Progress Report to the Equality Commission, along with regular reports to the Trust Executive Team and Trust Board.

The Trust will continue to mainstream equality considerations as an integral aspect of the Trust’s reform and modernisation programme. Subject to the outcome of the formal consultation process, the Trust will progress implementation of the proposal to reshape maternity services and the proposal to reorganise the provision of Rheumatology and Dermatology Services.
The Trust envisages that the review of health and social care Transforming Your Care, (detailed in Section 1) will bring about the need for further proposals and the Trust is committed to ensuring that equality and human rights considerations are mainstreamed in these from the outset.
Section 1: Strategic Implementation of the Section 75 Duties

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

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

The overall purpose of the organisation is to improve health and well being and to reduce inequalities.

1.1 Values

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

- Treat everyone with respect and dignity – our colleagues, our patients and clients
- Be open and transparent
- Be personally and professionally accountable for all the resources whether this is money or people
- Be a learning and developing organisation.
The plan acknowledges the severe financial pressures and uncertainty about resources in the future and highlights that this makes it all the more important that the Trust focuses clearly on what it is going to do to improve health and well-being and reduce health and social inequalities. Cognisant of the importance of aligning statutory Section 75 responsibilities within the corporate plan, equality and good relations are mainstreamed and feature throughout the core objectives of the plan to continue to afford them the appropriate strategic importance.

The Trust commits to continue to ensure that it meets its statutory requirements in the implementation of a revised Equality Scheme and to undertake development of a good relations strategy across the Trusts functions.

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

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

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

1.2 Delivering Integrated care

The Belfast Trust provides integrated care. This means that the Trust provides both acute services (hospital based) and community services (in the person’s own home or local health centre) in a joined up way.

Trust structure: The following diagram shows the organisational structure of the Trust and some of its key facts:
1.3 Workforce Profile

In January 2012 the Trust employed 22,191 staff, including bank staff, in 7 distinct Job Families, Administrative and Clerical, Estates, Support Services Nursing and Midwives, Social Services, Professional and Technical and Medical and Dental. 21,576 staff are employed in the Belfast area and 615 at Muckamore Abbey Hospital near Antrim.
The breakdown of staff by the 9 equality categories is provided below.

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<tr>
<th>Religion</th>
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<th>Disability</th>
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<td>No</td>
<td>65%</td>
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<tr>
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<td>2%</td>
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<tr>
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<td>6%</td>
<td>Not Known</td>
<td>33%</td>
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<td>79%</td>
<td>Under 45</td>
<td>57%</td>
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<tr>
<td>Male</td>
<td>21%</td>
<td>45+</td>
<td>43%</td>
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<tr>
<td>Married</td>
<td>57%</td>
<td>White</td>
<td>77%</td>
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<tr>
<td>Single</td>
<td>38%</td>
<td>BME</td>
<td>4%</td>
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<tr>
<td>Other/Unknown</td>
<td>5%</td>
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<td>19%</td>
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<th>Sexual Orientation</th>
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<tr>
<td>Unionist</td>
<td>7%</td>
<td>Opposite Sex</td>
<td>35%</td>
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<tr>
<td>Nationalist</td>
<td>6%</td>
<td>Same Sex</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td>Both Sexes</td>
<td>&lt;1%</td>
</tr>
<tr>
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<td>80%</td>
<td>No Answer</td>
<td>64%</td>
</tr>
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</table>
Caring Responsibilities

<p>| | |</p>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>18%</td>
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<tr>
<td>Older Person</td>
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<tr>
<td>Disabled Person</td>
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<tr>
<td>None</td>
<td>19%</td>
</tr>
<tr>
<td>Not Known</td>
<td>60%</td>
</tr>
</tbody>
</table>

Corporate commitment to Equality and supporting infrastructure:

1.4 Belfast Trust Corporate Management Plan

In 2011-2012, the Trust reiterates its commitment to its statutory Section 75 duties with a specific focus on the implementation of its revised Equality Scheme and Inequalities Audit Action-based Plan. The Trust also commits to engaging, developing and consulting on a Good Relations strategy and action plan in 2012/2013.

The Trust shall to continue to progress Employability and Life Long Learning initiatives with its wide range of partners (Trade Unions, Community Groups/representatives, Education/Training Providers, Public/Private Sector Organisations) to reduce long Term unemployment and those further away from the Labour Market and support regeneration of disadvantaged communities, including work on:

- Health employment Partnership
- Young Adults in Care
- Supporting Initiatives in Schools
- Belfast Strategic Partnership
- Implementing Year 3 Action Plan of the Trusts Supporting Belfast
- Strategy for inclusiveness in Learning and Development for Support Workers.
1.5 Human Resources Management Plan

The objectives set for Human Resources and highlighted in this year’s Management Plan have been informed through discussion, debate and agreement with Senior Managers and their individual teams and reflect the requirements set out in Priorities for Action. Implementation of the revised equality scheme and action based plan feature high in the Human Resources management plan as key objectives as well as fulfilment of commitments in the Employment Equality and Diversity plan and the development of a Good Relations strategy.

1.6 Health and Social Inequalities Management Plan

The Health and Social Inequalities Team Management Plan has been developed to deliver on the corporate objectives of the Trust in 2011/2012 and work towards the realisation of the Trust’s purpose, vision and values.

The purpose of the HSI management plan is to set out the key activities and priorities, to provide a clear sense of direction that will be set out in the performance contribution framework for all the staff within the team.

The development of the plan has been translated from those aims and objectives in the Corporate Plan and Human Resources Management Plan. It is informed by the Co-Director of Modernisation, Equality and Learning and Development, Health and Social Inequalities Manager, Equality Managers, Regional Interpreting Services Manager, Health and Social Inequalities Team and Regional Interpreting Services Team.

The programme of work for the forthcoming year for Health and Social Inequalities and the Interpreting Service is detailed in the Health and Social Inequalities Team Management Plan is at Appendix 1.

1.7 Disability Steering Group

The Trust has a Disability Steering Group to oversee its action on all the legislative requirements and best practice associated with the Disability Discrimination legislation. The Group comprises Trust employees and representatives from a range of disability organisations. The Director of Nursing and User Experience chairs the group.
1.8 Inequalities Forum

The Inequalities Forum chaired by the Chief Executive continues to meet on a quarterly basis. Its core aim is to drive the implementation of the Not Just Health Strategy – the Trust’s strategy to address health and social care inequalities – those inequalities which are derived from socio-economic conditions and those which are related to a Section 75 identity. Members include Non-Executive and Executive Directors, Senior Managers from across the Trust alongside colleagues from the Public Health Agency, Patient and Client Council, Unison and the Local Commissioning Group. A quarterly bulletin type communiqué is issued to each member at the group providing and update on all work to address inequalities including key items such as the revised Equality Scheme and Action-based Plan, the Disability Action Plan and the Regional Interpreting Service.

1.9 Not Just Health – Inequalities Strategy

Not Just Health, the Trust’s strategy to reduce inequalities in health, was launched in September 2010 and has an action plan to direct how progress will be made in its key commitments:

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

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

- Encourage all health and social care professionals to use available opportunities to promote health and wellbeing.

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

- Work with service users, carers and community groups, building on
Involving You, the Trust’s framework for user involvement and community development, in a way that leads to shared decision-making.

- Reduce our carbon footprint.

The Trust recognises that often an unfavourable experience of an individual from the lower socio economic echelons can be further corroborated by their belonging to one of the Section 75 groups, and the two inequalities are inextricably linked. The strategy and action plan therefore include the strategic framework to implement the Section 75 legislation and the Good Relations Strategy.

1.10 Traveller Strategy

The Belfast Trust Traveller Strategy was launched on 13 October 2011 and as a core piece of the jigsaw the Trust has recruited two Traveller Liaison Workers. The employment of these workers, represents a significant step forward for Belfast Trust, in the implementation of its Traveller Health Strategy.

The Liaison Workers will work under the guidance of a dedicated Traveller Social Worker and Health Visitor. They will work across the areas of Family and Childcare, Mental Health, Maternity and Acute Services raising awareness of Traveller culture and health needs. They will also have a central role in the implementation of Belfast Trust Traveller’s Health Strategy.

This strategy is not an end point but the beginning of a process that will see Belfast Trust, through their Traveller Health Strategy Board, set in motion a series of actions that will help tackle the health inequalities faced by the Traveller community.
1.11 Involving People (Equality, Engagement & Experience) Steering Group

A new steering group has been established in Belfast Trust - the purpose of the Equality, Engagement & Experience Steering Group is to provide assurance to the Assurance Committee around the Trust’s engagement with, and involvement of, patients, clients, service users, carers and communities, particularly vulnerable groups covered by Section 75 of the Northern Ireland Act 1998. The sub-committee’s purpose also includes assurance of the Trust’s requirement to measure and improve patient experience, and to receive reports from the Complaints Review Group, to ensure a positive impact on the delivery and the outcome of services. Involvement of patients, clients, service users, carers and communities is a statutory requirement and makes an important contribution to the Trust’s overarching purpose, to improve health and wellbeing and reduce health inequalities.

1.12 Transforming Your Care

In June 2011, the Minister for Health, Social Services and Public Safety, Edwin Poots announced that a Review of the Provision of Health and Social Care (HSC) Services in Northern Ireland would be undertaken. The Review was to provide a strategic assessment across all aspects of health
and social care services, examining the present quality and accessibility of services, and the extent to which the needs of patients, clients, carers and communities are being met. Crucially it was to bring forward recommendations for the future shape of services and provide an implementation plan. The team conducting the Review was not asked to bring forward proposals which reduced the budget issued by the Northern Ireland Executive, but to ensure that this budget was used to best effect. The Transforming Your Care report recognised the need to tackle health inequalities as one of the core reasons for the impetus to change.

This review will shape the future strategic direction for the Trust and other HSC organisations and shall help inform the reform and modernisation agenda for all the Trusts. Health and social care organisations will be required to take forward the recommendations of 'Transforming Your Care'. In the process of modernising we commit to effective engagement and involvement with a wide range of stakeholders.

Belfast Trust (and the other 4 HSC Trust’s in Northern Ireland) will produce draft population plans that identify which services and facilities needed in each area to address the needs of the local population and set out how this can be delivered. These draft plans will be published for quality assurance before a formal consultation process begins in September 2012.

The Trust’s commitment to equality will underpin this modernisation and change and all plans will be screened for equality implications and Equality Impact Assessments will be carried out, as appropriate. In this time of change the Trusts are as committed as ever to ensuring that equality remains at the heart of what we are seeking to achieve.

Now more than ever the Trust must ensure that we continue our work to promote equality of opportunity and good relations and build on the progress gained over the last twelve years.
## Section 2: Examples of Section 75 Outcomes / Impacts

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Outline change in policy or practice which have resulted in outcomes</th>
<th>Tick if result of EQIA</th>
</tr>
</thead>
</table>
| Persons of different religious belief | • Multi cultural and faith guide  
   • Good Relations Audit and Strategy  
   • Production and analysis of annual Fair Employment Monitoring Return  
   • ECNI regional review of HSC Fair Employment Trends – common themes identified and to be taken forward on a cross sectoral and regional basis. Trust affirmative action measures implemented following last Article 55 Review. |                        |
| Persons of different political opinion | • Good Relations Audit and Strategy  
   • Further promotion and relaunch of Harmonious Working Policy Statement. |                        |
| Persons of different racial groups | • Northern Ireland New Entrant Service introduction Traveller Strategy  
   • I am Roma Project  
   • Creation of Welcome Pack  
   • BITC Migrant Workers’ |                        |
| Persons of different age | Charter, Steering Group and Action Plan  
| |  
| | • Elearning module on ethnic minorities.  
| Persons with different marital status | Flexible Retirement Policy  
| |  
| | • Employability initiatives with Schools, Colleges and Universities including Careers Fairs, Interviewing skills and Work Experience provision.  
| Persons with different sexual orientation | Domestic Abuse Support Service and Regional policy  
| |  
| | • Special Leave facilities.  
| Persons of different sexual orientation | Provision of training from Rainbow Project for Social Workers and for Domestic Abuse Support Workers.  
| |  
| | • Promotion of LGB forum.  
| Men and women generally | Domestic abuse policy and support service.  
| Persons with and without a disability | Creation of Disabled Employee Network  
| |  
| | • Creation of Easyread library online  
| |  
| | • Employability initiatives including provision of work placements and ring-fenced posts in the area of Mental Health.  
| Persons with and without dependants | Worklife balance polices  
| |  
| | • Employment Equality Plan  
| |  
| | • Special leave provisions.  

_n.b. The Trust has provided some examples of change which have resulted in outcomes for individuals in this section however this set of examples is not exhaustive to avoid duplication and excess repetition from other sections in the report:_
2.1 Consultation

Consultation on revised Equality Scheme and Action- based Plan
The extensive pre-consultation and formal consultation period on the draft revised Equality Scheme and Action-based Plan has resulted in effective involvement and engagement with key stakeholders. This has greatly helped to inform and shape the action measures in plan to ensure that they can make a positive impact on the lives of individuals who use health and social care services and those whom the Trust employs.

2.2 Consultation on proposal to reorganise Adult Rheumatology and Dermatology Services in Belfast.

Consultation on the proposal to reorganisation of Adult Rheumatology and Dermatology took place in 2010 when the Trust formally consulted on 9 proposals contained within its strategic review of Acute Services in Belfast. When the Trust considered the responses to its consultation paper and associated equality impact assessment, it took on board concerns that key stakeholders on the feasibility, accessibility and sustainability of Belfast City Hospital providing the services. The Trust reviewed its options and changed the preferred option on the basis of consultation responses and is consulting in 2012 on the proposal to site the services at Musgrave Park Hospital.

2.3 Accessible Communication Guidance

As identified in the audit of inequalities, accessibility and responsiveness of communication for service users is of paramount importance to allow them to fully participate in public life. Belfast Trust and Northern Trust led on establishing an Accessible Communications Group for the region to look at best practice and produce guidelines for staff on making their communication accessible. Disability representative organisations were key in making this guidance relevant and accurate and this guidance will be launched at the engagement event in May 2012, regarding the Five year review of the first Disability Action Plan and the development of the Second Action Plan.
2.4 Provision of Accessible information

The Trust has continued to develop its range of multi-lingual and easy read HSC related materials. Health and Social Inequalities have worked with Communications to make sure that this information is readily available on the internet and in hard copy on request.

It is envisaged that the Public Health Agency will work with the Trust in the future on the creation of a regional database for translated materials to ensure that the HSC maximise their resources and do not duplicate translations of generic HSC materials.

2.5 Assistance Dogs Policy

Belfast Trust developed a policy on allowing and welcoming assistance dogs in health and social care facilities. Once again it was important that service users who had assistance dogs are able to fully and equally participate and in keeping with fundamental human rights and disability ethos be able to access Trust premises.

2.6 Traveller Strategy

As indicated in the All Ireland Traveller Health Strategy and in the Equality Commission’ s key statement of Inequalities, Travellers experience lower levels of well being and life expectancy. The Trust has developed a Traveller Strategy to improve awareness and flexibility for Travellers to access preventative health services and other services to improve the health and well being of them and their families. Within this reporting period the Trust has launched its strategy and employed two Traveller liaison workers in Family and Childcare and Social Care with a view to creating more effective outreach.
2.7 Mandatory Equality Training

In the audit of inequalities, it was acknowledged that there was a low uptake of equality training in Trusts due to competing priorities and workload. To counter this and to ensure that there is effective implementation and communication of the statutory Section 75 duties, the Trust has introduced mandatory equality training for all staff and managers. Training figures have significantly increased as detailed in Section 4 Training.

2.8 Provision of Regional Face-to-Face Interpreting Service

The Trust continues to provide interpreting services across the regional health and social care sector but has sought to raise the bar in terms of accreditation and professionalism of its interpreters. This can be demonstrated by the introduction of Open College Network 4 accreditation for its interpreters and ongoing professional development sessions. Interpreters are becoming specialist in certain areas through these professional development sessions for example in mental health, social services or speech and language. Some of the feedback from the monitoring forms gives a flavour of the effectiveness of the service and the relevance to provision of health and social care services to an increasingly diverse minority ethnic population in Northern Ireland:

- **Excellent Service - Would find it very difficult/impossible to provide adequate medical care without this Service”** - General Practitioner

- **“Due to an emergency situation the interpreter went over and above the call of duty to assist myself and the client. Her practical help and emotional support were invaluable for us both”** - Health Visitor

- **“This is my first experience of being involved with interpreting service - it was excellent and I feel I gained immensely from being involved”** - Community Psychiatric Nurse.

The Northern Ireland Health and Social Care Interpreting Service wanted to give HSC patients and clients using the NIHSCIS interpreting service an opportunity to express their comments, suggestions and experiences of using the service.
In 2011, the Interpreting Service’s management identified the essential need to undertake a survey exercise to give the service user (patients and clients) the opportunity to voice their opinions on the NIHSCIS provision of interpreters.

The NIHSCIS, in partnership with the BHSCT Community Development Team/Equality Units from all the HSC Trusts in Northern Ireland and relevant Community organisations, developed a Patient / Client Survey initiative in order to measure the regional level of satisfaction, or dissatisfaction with the service within the top 5 languages requested (Polish, Lithuanian, Portuguese, Chinese Mandarin and Chinese Cantonese).

Bilingual Focus Groups were convened at main user’s geographical areas in addition to the production and dissemination of leaflets into 5 different minority ethnic languages.

Early feedback from the Patient Client survey has also indicated a high degree of service user satisfaction also:

- “It is a great help to migrants. I’m very grateful. Thanks to the interpreter I was able to solve my problems” – Portuguese patient
- “Polish interpreters are competent, polite and elaborate in their answers” – Polish patient
- “Very satisfied with your service. Hope this service will continue to help people who are in need” – Chinese Cantonese patient
- “Very passionate and good service” – Chinese Mandarin patient.

2.9 Creation of HSC Lesbian, Gay, Bisexual and Transgender Forum

In 2011 the findings from the Rainbow Project research report ‘Through Our Eyes - Experiences of Lesbian, Gay and Bisexual People in the Workplace'\(^1\) showed that nearly 1 in 4 respondents working in the public sector conceal their sexual orientation and that some 40% of respondents

---
from the public sector had heard negative comments about LGB&T people from a colleague or colleagues in the workplace.

In Northern Ireland, the health and social care sector employs approximately 54,000 people, which would indicate that in excess of 2,700 employees may identify as lesbian, gay, bisexual and/or transgender. Workplace is an important setting for health improvement and the PHA has worked in partnership with the unions to help establish a LGB&T Forum for staff working across all HSC settings.

In order to inform this process an online survey was conducted to engage with LGB&T staff to ascertain their views on the establishment of a forum. In addition, two workshops were held in May and June 2011 which were attended by LGB&T staff from across Northern Ireland where there was an opportunity to examine views in depth, and in particular to explore specific actions that could make a difference.

The main messages that emerged were that:

- There are many LGB&T staff within the HSC Organisations who are not ‘out’ due to fear of potential discrimination.

- There is a need to raise the visibility of LGB&T issues throughout HSC organisations and attendance at effective and relevant diversity training by all staff, including senior management, could make a real difference.

- Suggested methods of raising the visibility of LGB&T issues included information in induction packs for all staff groupings, information in staff intranet sites and in staff bulletins.

- There is a need to ensure that a ‘zero tolerance’ approach is taken if staff are subject to homophobic/transphobic comments, harassment and bullying.

- Overwhelming support for the idea of establishing a Forum, using both personal and ‘virtual’ meetings.
The first meeting of the staff Forum was held in June 2011 and Forum members have helped shape its development from the outset. The LGB&T Staff Forum recommended that it should include face-to-face meetings, an online presence, have the support of senior management and be confidential. The importance of creating a more supportive work environment for LGB&T Staff has been a core value held by the Forum.

The Forum members have helped to shape a number of developments including a research proposal which aims to seek the views and experiences of staff working within all of the 16 HSC organisations in relation to LGB&T issues. A dedicated website is under construction, also being informed by Forum members. It is envisaged that the development of a dedicated website for the LGB&T Staff Forum will assist in providing information and support to staff who are not “out” in the workplace and provide links to organisations that can provide support on health and wellbeing.

The website will also provide details of Union Representatives who can be contacted for help and support with issues relating to LGB&T in the workplace. In addition, the website will provide a link to the recently developed LGB&T E-Learning Module which aims to improve knowledge and understanding of the health and social wellbeing inequalities experienced by Lesbian, Gay, Bisexual &Transgender (LGB&T) individuals and the implications for practice within the workplace. This is an exciting new resource and is expected to be used widely by staff in all settings.

The development of the LGBT staff Forum has been important in its own right and, significantly, as a means of developing good practice that ultimately can be shared with other employers across different sectors.
Section 3: Screening

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

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
<th>What was the screening decision? E.g. Screened in, screened out, mitigation, EQIA</th>
<th>Were any concerns raised about screening by consultees including the Commission?</th>
<th>Is policy being subject to EQIA? Yes/No? If yes indicate year for assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-location of the Gateway Service from 414 Ormeau Rd to the Knockbracken Health &amp; Wellbeing Centre site.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Re-location of General Surgery Outpatient Clinics from RVH to BCH/MIH</td>
<td>Ongoing screening</td>
<td>Nil of note</td>
<td>DSR 1/4/11</td>
</tr>
<tr>
<td>Upgrade service to emergency calls by replacement of Obstetric Flying Squads with 999 Response and Paramedic attendance</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Security Strategy</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Description</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>---</td>
</tr>
<tr>
<td>BHSCT Policy &amp; Procedural arrangements relating to the provision of first aid at work.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposed relocation of the Regional Fertility Outpatient Clinic from Royal Maternity Hospital to the Grove Health &amp; Wellbeing Centre.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>The relocation of dental services from Dundonald Clinic to Holywood Arches is being considered for the following reasons</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Mother &amp; Baby Clinics</td>
<td>Screened out</td>
<td>Nil of note</td>
<td></td>
</tr>
<tr>
<td>The proposed relocation of dental services from Cupar Street Clinic to Beechall Health and Wellbeing Centre is being considered for the following reasons</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Guidance on actions to be taken after a patient's death - Release Policy - covered in bereavement policy</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposed relocation of Neurology Unit, Forster Green Hospital to a new build at Musgrave Park Hospital.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Relocation of Dental Clinic from Ballyowen to Beechall</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Temporary closure of Emergency Care Services at BCH ED on 1 October 2011.</td>
<td>Ongoing Screening</td>
<td>Nil of note</td>
<td>DSR 1/8/11</td>
</tr>
<tr>
<td>Portering Review PCSS RVH Sector</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Community Sensory Support Team Relocation from the Everton Complex to amalgamate with the Assessment Team at the Bradbury Health and Wellbeing Centre</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Removal of Central Catheter (Part of overarching group of policies)</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Promotion of continence for staff</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Relocation of Neuro Respite and Rehabilitation beds from Forster Green to Musgrave Park.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Relocation of footwear and orthotic services from 3-1 site; BCH, Mater, RVH to Musgrave)</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposal</td>
<td>Screening Outcome</td>
<td>Notes</td>
<td>Status</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>Relocation of dental services from Shankill Health Centre to Shankill Health and Wellbeing Centre</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposed relocation of the unscheduled care team from Windsor House to Woodstock Lodge</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposal to relocate Thoracic Inpatient Services and the remainder of Thoracic Outpatient services from BCH to RVH site.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>BHSCT Spiritual Care Policy.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Better Management, prescribing and dispensing of HIV drugs.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Consulting parents re changes in service delivery to schools (Cedar Lodge School Pilot).</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Re-profiling of Speech and Language service to those with Parkinson's Disease.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Catering Services BCH.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposal</td>
<td>Outcome</td>
<td>Notes</td>
<td>Acronym</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>Relocation of specialist continence services from Whiterock Clinic to Beechall.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposed relocation of Specialist Continence Services from Crumlin Clinic to the Carlisle Health &amp; Wellbeing Centre.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Relocation of continence clinic from Dundonald to Holywood Arches</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Proposed Relocation of Specialist Continence services from Ballyowen Clinic to the Beech Hall Health and Wellbeing Centre.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Catering Review PCSS RVH Sector.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td><strong>Technical Proposal:</strong> Processes to be followed in relation to the administration of subcutaneous fluids.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td><strong>Technical Proposal:</strong> Emergency Care Protocol - &quot;Take Home&quot; Medication Supply from Emergency Dept</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Use of ambulatory syringe driver in a nursing home setting.</td>
<td>Screened out</td>
<td>Nil of note</td>
<td>N</td>
</tr>
<tr>
<td>Project Description</td>
<td>Outcome</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Transfer of intermediate care beds from Grovetree House to Chestnut Grove</td>
<td>Screened out with mitigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Proposal: Protocol to support Nurses within Emergency Care to request specific xrays.</td>
<td>Screened out</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Technical Proposal: Peritoneal Dialysis - patient procedures</td>
<td>Screened out</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Technical Proposal: Peritoneal Dialysis - Home choice procedures</td>
<td>Screened out</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Technical Proposal: Peritoneal Dialysis - continuous ambulatory (CAPD) procedures</td>
<td>Screened out</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Relocation of the Regional Acute Eye Service Level 8 Outpatients Centre – refurbished accommodation Old Corridor RVH</td>
<td>Screened out with mitigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relocation of the Cochlear Implant Centre Dufferin to Beechall</td>
<td>Ongoing screening</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Relocation Adult Contact Lens/ Low Vision and Artificial Eye Clinics - RVH - Shankill</td>
<td>Ongoing screening</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Being Open Policy - saying sorry when things go wrong</td>
<td>Screened out</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Corporate Security Policy</td>
<td>Screened out</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Assistance Dog's Policy</td>
<td>Screened out</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Domestic Violence Policy</td>
<td>Screened out</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Safeguarding children and young people who are admitted to adult wards for care and treatment</td>
<td>Screened out</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Centralisation of Audiology Service - RGH</td>
<td>Screened out</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Relocation of Medical Illustration Service on same site (RGH)</td>
<td>Screened out</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

For ease of reference, the Trust has included links to the three screening outcome reports which have been published on Belfast Health and Social Care Trust website during this reporting period:

Section 4: Equality Impact Assessment (EQIA)

- Please provide an update of policies subject to EQIA during 2011-12, Stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2011-12

EQIA Timetable – April 2011 - March 2012

<table>
<thead>
<tr>
<th>Title of Policy EQIA</th>
<th>EQIA Stage at end March 11 (Steps 1-6)</th>
<th>Outline adjustments to policy intended to benefit individuals, and the relevant Section 75 categories due to be affected.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal to reshape Maternity Services in Belfast</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

- Where the EQIA timetable for 2011-12 (as detailed in the previous annual S75 progress report to the Commission) has not been met, please provide details of the factors responsible for delay and details of the timetable for re-scheduling the EQIA/s in question.

As indicated earlier, the Proposal to reorganise Adult Rheumatology and Dermatology did not progress after responses to the Excellence and Choice Paper and Equality Impact Assessment highlighted concerns about the capacity of Belfast City Hospital to provide the same level and volume of service, as was provided in Musgrave Park Hospital. This would not have been possible without a significant level of capital expenditure. The Trust took on board the views of key stakeholders and chose to revisit the proposal and the options therein. As a result the Trust will issue the proposal to reorganise Adult Rheumatology and Dermatology at Musgrave Park Hospital in June 2012.
## Ongoing EQIA Monitoring Activities  April 2011- March 2012

<table>
<thead>
<tr>
<th>Title of EQIA subject to Stage 7 monitoring</th>
<th>Indicate if differential impacts previously identified have reduced or increased</th>
<th>Indicate if adverse impacts previously identified have reduced or increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast – Vascular Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast – ENT Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Gynaecology Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - Urology Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A proposal to re-organise the delivery of Acute Services in Belfast - General Surgery Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N.b. Monitoring on the proposals to re-organise cardiology and ophthalmology services will commence when the projects are at implementation stage. This is pending capital investment.
Please outline any proposals, arising from the authority’s monitoring for adverse impacts, for revision of the policy to achieve better outcomes the relevant equality groups:

2011-12 EQIA Time-table

<table>
<thead>
<tr>
<th>Title of EQIAs due to be commenced during April 2011 – March 2012</th>
<th>Existing or New policy?</th>
<th>Please indicate expected timescale of Decision Making stage i.e. Stage 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-organisation of Adult Rheumatology and Dermatology</td>
<td>Revised proposal</td>
<td>October 2012</td>
</tr>
</tbody>
</table>
Section 5: Training

The following chart provides an update of training provided by equality staff over the reporting year:

This chart depicts levels of training provided by the NIHSCIS staff during the reporting period:
5.1 Equality Training

Following the review of all Equality and Diversity Training a comprehensive programme of mandatory training for all staff, and specific training for those with managerial responsibilities, is now in place ensuring a comprehensive overview of Employment Equality, Section 75, Good Relations, Human Rights, Disability Awareness and Trust Polices and Best Practice. The provision of training courses has been increased and an online programme accessible for all staff has been further developed and promoted. In addition to the mandatory training a menu of training is available on a range of equality issues and equality inputs are provided to the Trust’s Induction Training. During the period a total of 2219 staff attended mandatory equality training, a further 310 staff completed equality training online and 140 Managers attended the mandatory Managers’ training.

Evaluation of the session is consistently high with feedback including comments such as:

“Well presented and informative”
“Really helped me to see things from the perspective of the person with a disability”

“Useful to know that it’s ok for me to ask people how they prefer to communicate”

“Fabulous course, very enjoyable and very informative”

5.2 Regional Screening Masterclass Pilot

A screening master class aimed at Senior Managers/Policy Authors and those in key decision making roles was held on 24 November 2011. This half day workshop provided participants with the knowledge and skills to competently undertake an equality screening exercise and provides the opportunity to improve decision-making and supports “evidence based” policy making. Feedback of the pilot was very positive with all participants stating it was either excellent or very good. The regional element has allowed for shared learning and experience across the HSC and this could prove to be very useful with the advent of Transforming Your Care.
Two further master classes were held during the year under review. All participants rated the course as excellent or very good with comments such as “the course was excellent and the practical exercise was particularly useful”. On the basis of the success and popularity of the course, it is envisaged that further sessions will be convened in the next reporting period.

- 100% of participants understood the objectives of the course
- 100% of participants felt that the course met its objectives
- It was felt that the completion of the case study with the template was very worthwhile
- There were no topics that should have been covered in more detail or excluded
- 66% thought that the course content was excellent with 34% stating that it was very good
- 96% rated the trainer as excellent
- Additional comments included “informative and impressive session”, “very clear evidence of substantial preparation”, “good reference material” and “valuable”.

5.3 Social Work training

Tailored training sessions can be provided on request. Health and Social Inequalities were asked by colleagues in social work to provide a one day training session on equality and diversity. The programme consisted of a raft of presentations and interactive material. Speakers included representatives from the Health and Social Inequalities team, the Sensory Support Team, the Ethnic Minority Community Development worker, Human Resources and the Rainbow Project. The following email was received by Health and Social Inequalities from the Social Work Learning and Development co-ordinator:

“Many thanks for delivering this training to social care staff.”
I have had some really positive feedback re the day and wanted to pass this on. The staff really enjoyed the training and felt it increased their knowledge base on a range of topics. Very interesting and a wide range of areas covered.”

5.4 E-learning Development

One of the key duties set out in HSC Organisations’ Equality Schemes is to provide learning and development opportunities for all staff to increase their awareness and understanding of the organisation’s equality duties as they relate to employment and service provision.

A suite of five e-learning programmes have been developed:

- Exploring Fairness
- Understanding Prejudice
- Dealing with Difference
- Making Difference work
- Disability Awareness.

The Disability E-learning package was launched on 31 August and work has commenced on the next model on Ethnicity which will be completed at the end of summer 2012.

A 6th Module to augment the existing Discovering Diversity E-Learning Programme which will focus on promoting the dignity and respect of Black and Minority Ethnic Communities (including Travellers) and Migrant Communities is currently being developed with a proposed launch date of end October 2012. This programme aims to:

- Promote positive attitudes towards patients, clients and HSC staff who are from Black and Minority Ethnic Communities with a focus on anti-racism.
- To enable staff to reflect on their own identity and how this can impact on others they come into contact with from an increasingly diverse population.
To increase staff awareness and understanding of various culture and belief systems in order to promote cultural competence.

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

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

A key objective of this new module will be to design a new and challenging training programme in partnership with BME, Traveller and Migrant Worker communities.

5.5 Developing a Disability and Human Rights Approach to Health and Social Care: Regional HSC Master Class

A Disability and Human Rights master class was developed by Disability Action in partnership with the HSC Equality leads. The master class was held on 16 January 2012 in Knockbracken Healthcare Park.

Nineteen people attended from 9 HSC organisations and the session was facilitated by Heather Logan, Training Officer for Disability Action’s Centre on Human Rights for People with Disabilities who facilitated the master Class.
The master class was targeted at managers, training and equality leads and policy makers and was designed to enable them to cascade their learning to other staff and colleagues in a number of ways including:

- Access to a free online resource
- A training resource pack which includes course presentations and handouts
- A free one hour bespoke training session for staff teams delivered by Disability Action's Centre on Human Rights.

Heather Logan added, “As a result of the master class, participants have a better understanding of the benefits of a human rights approach to disability and will feel confident to pass on the learning to staff teams and colleagues”

5.6 Working Well with Interpreters training programme for Staff and Practitioners

A number of information sessions on the Working Well with Interpreters training package has been during 2011-2012 with the aim of raising awareness of the service and providing up-to-date information on systems and procedures to HSC staff and practitioners in Northern Ireland targeting
the 5 main HSC Trust’s geographical remit and different health background participants.

5.7 Professional Development for Interpreters

Belfast Trust manages the Northern Ireland Health & Social Care Interpreting Service (NIHSCIS) and is working to enhance professional development for the interpreters. The aim of this is to provide learning and development opportunities for the interpreters and to broaden their knowledge of Health & Social Care specialities and also ultimately improving the experience for the user. Professional development programmes have been developed in a number of areas:

- Mental Health
- Domestic Violence
- Speech and Language
- Dealing with traumatic experiences
- Social Work.

NIHSCIS will strive to develop specialised interpreters in the future.

Cognisant of the stressful situations in which interpreters may find themselves in the course of their jobs, a Clinical Psychologist from Belfast Trust Occupational Health provided a session for interpreters on “Looking after their own Mental Health”.

5.8 Excellence in Performance Conference

In May 2012 Belfast Trust hosted the Northern Ireland Health and Social Care Interpreting Service Conference – Excellence in Performance. This marked the celebration of achievements by the NIHSCIS from its implementation to the present service today. When the service was first set up in 2004 it dealt with 823 requests for health interpreting services across Northern Ireland. It now deals with over 63,000 requests each year.
Ligia Parizzi, Northern Ireland Health & Social Care Interpreting Services Manager said, ‘The main aim of the interpreting service is to improve access to health and social care by HSC patients and clients who do not speak English either as a first or proficient second language in Northern Ireland and to reduce health inequalities for these people in the process. Today we are celebrating our successes and looking forward to the future’. Speakers at the conference included Hilary Maxwell-Hyslop from the Chartered Institute of Linguists and Robin Arbuthnot, Principal Consultant from The Beeches – Leadership Centre.

There was also the presentation of the NIHSCIS Interpreter’s Awards for 2012: These recognised the tremendous work and dedication of the interpreters and champion practitioners.

5.9 Communicate in Print2

The Trust has purchased a license to train Staff in Communicate in Print2 – symbol software for creating easy information resources. Training is available to staff in BSL/ISL as well as general courses on communicating with people with a sensory impairment.

5.10 Awareness Training – Deaf, Sight and Tinnitus

This programme was provided for all Elderly care Hospital Staff which aimed to assist the multi-disciplinary team improve their knowledge and skills and to gain knowledge and understanding if the most common
causes and effects of Sight and Hearing Loss and Tinnitus and to develop awareness of services provided by Trust Sensory Support Services.

5.11 Sight Loss and Deaf Awareness

A one day course has been provided for:

- Co-workers of employee/s with a hearing loss
- Residential Home Staff (elderly care)
- Hospital nursing staff.

5.12 Investors in People

The Trust achieved IIP accreditation in March 2010 which lasts for a maximum period until March 2013 when reassessment against the Standard will be required. Through the assessment process we have successfully used the IIP framework to receive useful feedback on our strengths and areas of good practice as well as to identify areas for future development.

As the Trust now commences preparation for reassessment by March 2013 we can draw on the IIP framework to support us in meeting our people development priorities by adopting the ‘3Ts’ approach, namely Targeting our Priorities, Tailoring our Approach and Transforming our Performance. The IIP framework provides the Trust with a good practice approach in terms of how we lead, manage and develop our people to achieve and deliver on agreed priorities.

As the Trust embarks on this reaccreditation journey there are some key positive pointers to note, namely:

- The Trust is already an IIP accredited organisation so the evidence which was recognised for the first assessment should continue to be relevant and more embedded.

- The Trust has continued to develop and introduce new people related processes and practices since IIP accreditation in March
2010, which will further strengthen the supporting evidence the Trust can offer the IIP Assessment Team.

✓ The IIP Standard remains the same although there will be the opportunity for the Trust to explore in more depth, areas that are of strategic priority to us.

✓ The Trust has a wide variety of staff who have worked successfully with the IIP Framework across their own Directorates and who have built up a high degree of knowledge and expertise in the use and deployment of the IIP Framework. We will be drawing on this expertise and further reinforcing it by involving more people in the Project Teams.

5.13 Living Leadership

Professional Development through the Living Leadership Programme
To further embed the Trust’s Leadership and Management strategy, the Trust committed this in 2011 to invest in a new development programme aimed at post holders who report to our Tier 4/Senior Manager cohort and who have managerial responsibilities.

The content of the programme is modelled on the Living Leadership programme which Co Directors and Tier 4 Managers completed in 2010/11 and reflects the feedback received from the recent post holder focus groups and from line manager surveys. Feedback from this demonstrated that it was an invigorating and challenging leadership development programme that will support participants and help to equip them with the skills and knowledge needed to confront the challenges ahead.

Its objectives were:

• To build a community of leaders across the Trust with the confidence and capacity to transform services.

• To equip participants with the skills, knowledge and attributes to confront the challenges they will need to address.

• To develop effective ways of disseminating good practice and innovation across the Trust.
• To develop a culture of learning and support which will enable individuals to reflect on their contribution and effectiveness.
Section 6: Communication

- Please outline how the authority communicated progress on delivery of the Section 75 Duties during the year and evidence of the impact/success of such activities.

The Trust uses a variety of methods to ensure that there is widespread and effective communication of Section 75 duties across a significant geographic and multi-disciplinary organisation. Derived from the Corporate Plan, the accountability review is an annual opportunity to report significantly on the successful achievement of implementing Section 75 across Trust functions. The Trust also uses the monthly Chief Executive briefing as a core mechanism for communicating on corporate issues such as Section 75 and human rights. This provides a vehicle to reach all Senior Managers, Co Directors and Directors and in turn have the core information cascaded to all their staff through team briefing. Payslips, information stands, training, intranet, photographic exhibitions and posters have also been used to convey key messages to staff and this is reflected throughout the report.

It has long been recognised that language support is a key method of addressing some of the inequalities that those not proficient in English can experience when accessing health and social care. Effective and responsive communication is not simply an equality or human rights issue, accessible communication is also a governance matter. If someone does not understand what a health and social care member of staff is saying to them, then they cannot provide fully informed consent. Communication must be a two way process to engender trust and mutual understanding.

Belfast Health and Social Care Trust has managed the Northern Ireland HSC Interpreting Service since 2007. From its inception in 2004, the Northern Ireland Health and Social Care Interpreting Service has fulfilled over 255,000 HSC requests for language assistance. Figure 1 depicts the increasing demand:
Considering that the project currently operates with half the resources initially coupled with the significant increase in the volume of work, the commitment, dedication and professionalism of the staff and management as well as interpreters on the field becomes apparent.

High standards are also maintained due to the development and implementation of a robust Code of Ethics, Good Practice Guidelines and Terms and Conditions for Interpreters. These are reviewed on a regular basis to ensure that they are relevant and appropriate for use.

Training has continued to increase awareness across the Province for HSC staff. In order to continue to provide a high quality service of face to face interpreting, it has been imperative also to ensure professional development for interpreters. This has included professional development sessions on more complex areas of health and social care provision in terms of language assistance. This has included training on mental health, domestic abuse, dealing with traumatic situations, and speech and language. Accredited training for interpreters has been upgraded from
Open College Network Level 3 to Level 4, thus ensuring high standards in interpreting.

During the reporting period, the NIHSCIS, in partnership with the Belfast Trust Community Development Team and Equality Units from all the HSC Trusts in Northern Ireland and a number of Community organisations developed a Patient / Client Survey initiative in order to measure the regional level of satisfaction, or dissatisfaction with the service within the top 5 languages in minority demand (Polish, Lithuanian, Portuguese, Chinese Mandarin and Chinese Cantonese). A sample of 1000 questionnaires were developed, translated and distributed regionally – an early extract is provided below (full findings will be published later in 2012):

“Very satisfied with your service. Hope this service will continue to help people who are in need”.

One early by-product was the design and production of a leaflet for Patients/Clients entitled; “What to expect from your interpreter”?

This valuable resource has been developed to facilitate understanding and set parameters as to expectations of an interpreter. Much effort and resource had been put into training interpreters and Health & Social Care practitioners on how to work effectively with one another – but it was recognised that more was needed to be done to build awareness for service users on the role and limitations of an interpreter.

6.2 Regional Accessible Communication Group

The issue of accessible communication has emerged recurrently in the audit of inequalities – for example, the Equality Commission’s investigation into the accessibility of health information for people in Northern Ireland for people with a learning disability and RNIB’s campaign Right to Read. Equality of access to information is intrinsically linked to equality of access to services and is one of the fundamental human rights.

The Trust has committed to work in partnership with key stakeholders on a regional initiative to provide clear guidelines and minimum standards for staff in the provision of information and communication – this will include a standard appointment letter based on good practice and recommendations
to be innovative in terms of communication e.g. sending texts or emails rather than trying to phone someone who is deaf.

Equality leads from Belfast Trust and Northern Trust worked collaboratively to establish a multi-disciplinary group, which consisted of representatives across disability organisations to help inform and quality assure the guidance. It is anticipated that this guidance will be launched in May 2012 and the primary objective of this guidance is to increase equality of access to information and thus, make Trust services more accessible and inclusive for disabled people.

6.3 Domestic Abuse Support Service

The Trust believes that employees have a right to be treated with respect and to work in a harmonious and supportive working environment. It is committed to the principle that everyone has a human right to live free from abuse in any form, irrespective of individual differences.

The Trust seeks to counteract the detrimental impact domestic abuse can have on employees’ wellbeing. Working in partnership with union side the Trust will continue to deliver a domestic abuse support service aimed at providing advice and practical support to employees who are experiencing domestic abuse or who are involved in abusive situations at home. Belfast Trust and the Trade Unions believe that everyone has a fundamental human right to live free from abuse and as such, launched their joint Domestic Abuse Support Service for staff on 8th December 2008. The service consists of a range of fully trained support workers from across the geographical spread of Belfast Trust and from different service and corporate groups who can offer emotional support and practical information to anyone suffering domestic abuse. Uptake of the service has steadily increased – at the outset not many staff had availed of it but given the publicity and awareness raising, more staff and very often concerned managers have contacted the confidential service for advice. The Domestic Abuse Support Service provides staff with information about the range of options available to them. It also acts as a link service in providing information and helpful contact for external organisations and agencies that have experience in the area of domestic abuse. Managers will use all Trust policies to support staff including agreeing flexible working, leave when appropriate or arranging salary advances.
Opportunity Now had commented in a benchmarking exercise, “the Belfast Trust Domestic Abuse Support Service continues to be amongst the most innovative around and highly commendable”.

Don’t keep it under wraps this Christmas...

Research indicates that domestic violence increases during holiday periods – the upturn could be attributed to financial pressures, increased alcohol intake. Regardless of the factors, harming someone physically, psychologically, emotionally, sexually or financially is never acceptable and cannot be justified.

Belfast Trust recognises that domestic abuse does not just affect the staff member at home. We provide a Domestic Abuse Support Service which offers emotional support and practical information to anyone who needs it.

Domestic Abuse impacts every facet of life

Belfast Trust recognises that domestic abuse does not just affect the staff member at home – but impacts on them in every facet of their life – in how they feel, in how they interact, in how they perform at work. Domestic abuse not only affects the staff member but also their children- an OFMDFM report highlights that although it recognises a minimum of 11,000 child victims of domestic violence in Northern Ireland, this figure is likely to be just the tip of the iceberg due to excessive levels of under-reporting. A recent Refuge campaign seeks to raise awareness of the fact that 90% of domestic violence incidents are witnessed by children and displays a crumpled note from a child to Santa, which reads: ‘Dear Santa, this year all I want for Christmas is for Daddy to stop hitting Mummy. I don’t want toys, just for mummy to stop being hurt and crying”
International human rights week

The International Human Rights week is in December and coincides with the anniversary of the launch of the Domestic Abuser Support Service. The Trust marked this week by raising awareness of the Domestic Abuse Support Service through a number of information stands in key areas staffed by support offices as well as dissemination of information leaflets across all facilities. Being aware of this service and the support available could make a difference to a member of staff and their family.

The Trust believes that one instrumental method of getting the message across was the production of a domestic abuse support service calendar for 2012, which was issued to all staff.
Section 7: Data Collection & Analysis

7.1 Equality Monitoring – Staff and Applicants

The Trust is currently implementing a new computerised Human Resources, Payroll, Travel and Subsistence system and this will include the provision of Equality monitoring systems. Following the Trust’s equality remonitoring survey of the workforce conducted in 2009 staff, leavers, applicants and appointees are all monitored in relation to all 9 equality categories and full equality data is now available for approximately 43% of staff. This has enabled the Trust to take better account of equality issues when planning and developing policies and services as more meaningful data is available to further promote and value diversity. The introduction of the new system will further improve the Trust’s equality data as employees can update their equality data using the confidential self service facility ensuring that as their status changes through their career the information maintained is accurate and up to date.

7.2 Statutory Requirements

The Statutory Annual Monitoring Return was completed and submitted to the ECNI in May 2011. The Trust has engaged with the Equality Commission in relation to its Article 55 Review which was submitted in December 2010. An action plan has been developed to take forward issues identified in the Review and this will be further informed and developed by the HSC Sectoral Report and action which will be taken forward on a regional basis by HSC Trusts.

7.3 Interpreting Service Patient and Client Survey

The Patient & Client Survey has been a valuable tool for gathering qualitative data on patient experience receiving communication support through the NI HSC Interpreting Services.

Full findings will be published later in 2012. This will help inform how the service is delivered and assess if interpreters need to be trained in any other areas. Findings to date have been very positive.
7.4 NIHSCIS Statistics

The NI HSC Interpreting Service generates and disseminates quarterly statistics on usage according to language and Trust area. This information is key to scope which languages are most demanded and equally in which other languages interpreters may be needed.

Monitoring forms are provided to practitioners and staff so that they can give feedback on how the interpreter has performed during a health and social care appointment. This along with records of punctuality and number of compliments help the Interpreting Service monitor interpreter performance and either deal with any issues in a timely fashion or commend the interpreter on good work. At the bi-annual NI HSC Interpreting Service Conference in May 2012, certificates were presented to interpreters according to certain categories:

The Trust continues to make use of the wealth of knowledge provided by the audit of inequalities. It facilitates understanding and acknowledgement of those Section 75 inequalities pertaining to health and social care. Equality leads in HSC Trusts work collaboratively to maximise resources and expertise and to share learning. Western Trust have committed to be custodian of the audit and to update information on a regular basis that equality leads pass to them.

As referenced earlier, Trusts will be required to conduct local population plans for the planning and implementation of the review of Health & Social Care. The Belfast local health and social care economy’s population plan will focus on meeting the current and future needs of the people living in Belfast and Castlereagh and the population across Northern Ireland who use our services, rather than on the services themselves. An assessment of those needs will inform what the Trust needs to reshape in terms of service provision in a planned and managed way.

7.5 Work to improve data collection

Work has continued on the gap analysis which was reported in last year’s progress report. This focused on what data is not regularly collected but which the information systems such as Patient Administration System and
Child Information Systems. Work is being done with Administrative Managers to encourage staff to record this information.

7.6 Northern Ireland HSC Inequalities Monitoring System

The Department of Health, Social Services and Public Safety (DHSSPS) has incorporated equality analyses of health outcomes as part of the Northern Ireland Health and Social Care Inequalities Monitoring System (HSCIMS). This research concentrates on all-cause mortality to provide a robust assessment of the differences in health outcomes across the various Sections 75 equality groups in Northern Ireland using the Northern Ireland Mortality Study (NIMS). The aim is to describe differences in mortality between Section 75 groups and also examine whether such differences can be explained by social and economic disadvantage factors.

The key finding of the research are as follows.

- Females had lower age standardised mortality rates (ASMR) than males.

- Age and sex were the two biggest factors in determining mortality.

- The greatest difference were between those with a limiting long term illness (higher ASMR) and those without (lower ASMR).

- Apart from age, sex and limiting long term illness, social deprivation had a bigger affect on mortality and life expectancy than Section 75 characteristics.

- Those from a catholic background have a slightly elevated ASMR and lower life expectancy; and

- Those that were married or co-habiting experienced lowest ASMRs and highest life expectancy.

This research enables the DHSSPS to monitor and review their progress of duties within public health strategies as well as in the promotion of equal opportunity among the Section 75 groups. It needs to be aware of differences in health outcomes in order to ascertain potential adverse
impacts acting against these different equality groups. It is anticipated that an ongoing monitoring system can be established using linked NIMS and NILS data: this will allow for observation of changes to mortality rates and life expectancy and potentially include coverage of both morbidity and mortality as health outcomes.
Section 8: Information Provision, Access to Information and Services

8.1 Northern Ireland New Entrant Service

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

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

Clients are offered a holistic health assessment; screening for communicable diseases such as HIV, Hepatitis B and Hepatitis C for clients from high risk countries and immunisations as required. Assistance is given with registration for GP and dental services; signposting to other services and onward referral as appropriate. The Health and Social Inequalities Manager has sat on the Service Development Group and worked with the Nurse Lead to produce a Health Passport for the service users. This will allow the service users to have a health record which they can carry themselves but present to any other health professionals to allow continuity of care and provide them with a record of their immunisations and health profile.

8.2 Good information Group

The Good information Group’ (GIG) in BHSCT has, over the past 10 years, developed 10 standards to promote a Total Communication (TC) approach.
A recent audit of the 10 standards within Adult Learning Disability services illustrated that we were achieving almost 7 of the 10 standards. A showcase day event on the 20th of September 2012 will bring together examples of good practice. In addition the Trust is currently developing a Total Communication strategy document to be launched in the Autumn 2012.

The Belfast Trust’s Good Information Group have produced the following documents:

**Hospital Passports**

Hospital Passports have been produced for people with a Learning disability which contains information that is unique to the person thus enabling staff to deliver personalised care.

**Communication Passport**

A Communication Passport has also been produced which contains clear and accessible information about the individual’s communication needs – this is essential for people who cannot speak easily for themselves.

**Personalised placemats**

Personalised placemats have been developed which pulls together very complex information and presents it in a person centred easy to follow format. The mats reduce risk for those who cannot speak easily for themselves.

**Accessible Information Library**

The Trust has access to an online accessible information library containing the following:

- **End of Life Book** - *When I die*
- **Creating Accessible Microsoft Word Documents** - *the essentials you need to know*
- **What you need to know about the NHS Care Records Service**
- Accessible Communications for working with diverse communities - NHS Stockport, Good Practice Toolkit - April 2010

- The Little Guide to Easy Information

- When I die - Calderstones NHS Trust.

### Easy Read Information Leaflets

<table>
<thead>
<tr>
<th>An Easy Guide to:</th>
<th>Cervical Screening <em>(a leaflet by and for women with learning difficulties)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>A Guide to:</td>
<td>Eye Surgery Support Plan</td>
</tr>
<tr>
<td>An Easy Guide to:</td>
<td>How to look after my balls</td>
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<tr>
<td>An Easy Guide to:</td>
<td>Testicular Awareness</td>
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<td>An Easy Guide to:</td>
<td>Biopsy</td>
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<td>An Easy Guide to:</td>
<td>Bowel and Bladder Awareness</td>
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<tr>
<td>An Easy Guide to:</td>
<td>What you need to know about the NHS Care Records Service</td>
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<tr>
<td>An Easy Guide to:</td>
<td>Having a cataract operation</td>
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<td>An Easy Guide to:</td>
<td>Cervical Screening info</td>
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<tr>
<td>An Easy Guide to:</td>
<td>Chemotherapy info</td>
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<tr>
<td>An Easy Guide to:</td>
<td>Consent: <em>(a guide for people with learning difficulties)</em> <em>(x 2)</em></td>
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<tr>
<td>An Easy Guide to:</td>
<td>Consent and Capacity: <em>(Helping you make important choices)</em></td>
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<tr>
<td>An Easy Guide to:</td>
<td>CT Scan info</td>
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<td>An Easy Read Guide to:</td>
<td>Breast Screening</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Taking Medicine for behaviour problems</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Exercise info</td>
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<td>An Easy Read Guide to:</td>
<td>Follow up appointment</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Gamma Camera</td>
</tr>
<tr>
<td>An Easy Read Guide to:</td>
<td>Eye Sight Tests are very important <em>(Go see to it)</em></td>
</tr>
<tr>
<td>An Easy Read Guide to:</td>
<td>Going to the Doctor</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Healthy Eating</td>
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<tr>
<td>An Easy Read Guide:</td>
<td>How to use easy words and pictures <em>(DRC ER Booklet)</em></td>
</tr>
<tr>
<td>An Easy Read Guide:</td>
<td>About MRSA Screening</td>
</tr>
<tr>
<td>An Easy Read Factsheet:</td>
<td>How to keep your eyes healthy</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>What is a Hiatus Hernia?</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>My Hospital Passport</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Hospital Stays</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>An MRI Scan</td>
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<td>An Easy Read Guide to:</td>
<td>Palliative Care</td>
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<td>An Easy Read Guide to:</td>
<td>Pharmacy</td>
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<td>An Easy Read Guide to:</td>
<td>Prostate Awareness</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Questions to ask when you go to the doctor or hospital.</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Radiotherapy</td>
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<td>An Easy Read Guide to:</td>
<td>Seasonal Flu: Protect yourself and other people</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Smoking and alcohol info</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Surgery</td>
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<td>An Easy Read Guide to:</td>
<td>Take care in the sun</td>
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<tr>
<td>An Easy Read Guide to:</td>
<td>Ultrasound Scan</td>
</tr>
<tr>
<td>An Easy Read Guide to:</td>
<td>Weight info</td>
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</tbody>
</table>

**Guidance Notes for Managers**

Guidance Notes for Managers have been developed and distributed on how to conduct a disability audit of their department/area.
8.3 Telecomm Review Group

A Telecomm Review Group has been established to look at how telecommunications could be modernised and how a more integrated system could be developed. As part of this review the Group are looking at how to address the needs of disabled people. For example, SMS texting, video conferencing or Minicom type services.

8.4 Shopmobility

This year marks the fourth anniversary of Shopmobility providing their service at the Royal Hospitals.

Shopmobility, in partnership with the Belfast Trust, hosted a ‘Shopmobility information day on 30th June. Shopmobility volunteers and staff were there to provide information on Shopmobility services and enrol new members.

Over the last 4 years the Shopmobility service has grown from strength to strength and has provided scooters and wheelchairs to 4000 patients and visitors. The service, which is located at the School of Dentistry beside the disabled bays at the public car park, provides self propelling wheelchairs and mechanised scooters free to patients or visitors with limited mobility.
In the last year, the project has expanded to provide a ‘Sighted Guide’ scheme. This involved partnership working between Belfast Trust and Shopmobility with a partially sighted member of Trust staff, training Shopmobility volunteers as Sighted Guides. This means that any patient or visitor that is partially sighted can request a Shopmobility Sighted Guide to accompany them to their appointment or destination. More recently Shopmobility staff provided training to Trust staff on areas around disability, specifically mobility.

The Shopmobility service is aimed at ensuring that those with limited mobility have equally of access to services and retain their independence. This is clearly defined by one user who used the service in March this year and was so pleased with the service they decided to send us an email:

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

**Annual Usage of Shopmobility at the Royal**

<table>
<thead>
<tr>
<th>Bookings</th>
<th>Hours used</th>
<th>New Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>400</td>
<td>935</td>
<td>28</td>
</tr>
</tbody>
</table>

**8.5 Access to Assistance Dogs**

The Trust has produced a policy on Assistance Dogs access to Trust sites. BHSCT consulted widely with all main stakeholders. The policy has been adopted by all Regional Trusts and the Northern Ireland Ambulance Service.
8.6 The Northern Ireland Health and Social Care Interpreting Service (NIHSCIS)

Within this reporting period, the NIHSCIS has progressed with the professional development of Interpreters in specific areas of health such as Mental Health, Social Services, Speech and Language Therapy and some other more complex settings in relation to the linguistic and cultural aspects of language assistance.

The service has developed guidance and standards for procedures and quality of service delivery.

The demand for the provision of language support has continued to grow with over 60,000 requests received during 2011/2012.

The NIHSCIS service has kept the number of non-provisions to a minimum; matching and completing above 95% of the requests received.

The NIHSCIS has revised guidance and training upgrading the accreditation delivered by the service to Community Interpreters from an OCN level 3 to OCN Level 4 - concentrating in complex areas of health.

A Patient/Client satisfaction survey has been carried out in partnership with the BHSCT PPI and Community Development and the HSC Equality Units of the 5 Trusts in order to assess the specific needs and opinions from the users of our services. One of the outcomes of this initiative was the design and production of a leaflet targeted at Patients/Clients and translated into the main languages in demand for interpreting services explaining and clarifying the role of interpreters and expectations on provision.

Northern Ireland Health & Social Care Interpreting Service Yearly Requests

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of requests</td>
<td>823</td>
<td>7707</td>
<td>18151</td>
<td>29811</td>
<td>34191</td>
<td>40177</td>
<td>49044</td>
<td>59656</td>
</tr>
</tbody>
</table>
NIHSCIS Capacity

The NIHSCIS is closing the 2011/2012 reporting period with the capacity to provide interpreters in 36 languages and with a central register of 334 interpreters – all of whom are accredited to a minimum of Level 3 - Open College Network Northern Ireland (Equivalent to NVQ level 3 qualification) and Access NI checked. The most requested languages at present are Polish, Lithuanian and Portuguese.

8.7 Awards for projects Improving Patient Experience

Two awards were given to Belfast Trust in a competition held by the Public Health Authority. This competition aimed at improving mental health patient experience.

The first award was presented for ‘Battery hens project and market stall’ project which is based in Shannon Unit.

The aim of the project is to involve patients in the rehabilitation of battery hens, thus developing empathy and responsibility in looking after hens. Patients sell the eggs at a market stall thereby developing employment skills and integration into the community.

The second project was from the Mental health for Deaf Service. This aims to develop a DVD in sign language, with sub-titles and voiceover about mental health issues and to describe what the mental health for the deaf team do if the patient has been referred for an assessment.

8.8 Free Rapid HIV Testing

The Trust GUM clinic, in partnership with the Rainbow project, have organised free, confidential sexual health testing and support clinics at the Pipeworks and Outside saunas and the Rainbow Project’s offices at the Lesbian, Gay, Transgender and Bisexual Centre. The clinics run a drop-in service – no appointment necessary. Hepatitis A and B vaccinations will be offered. The Doctor discusses test results with the User and the Rainbow Project’s Physical and Sexual Health Worker is in attendance at each clinic to answer any question the User might have.
8.9 Promotional Activities

The Trust participated in a number of Section 75 related activities including:

- Right to Read – RNIB’s campaign conference
- NCB’s workshop on Children and Young People as Researchers (CYPAR)

8.10 Macular Unit achieves RNIB Model of Excellence Award

The Macular Unit at Fairview in the Mater Hospital has been successful in achieving the RNIB Northern Ireland Model of Excellence Award as an exemplar service for blind and partially sighted people. RNIB Northern Ireland makes "Model of Excellence" awards to organisations that are exemplary in the way they work to meet the needs of people with sight loss. Earlier this year, RNIB assessed the Macular Unit at Fairview against standards which include:

- Physical accessibility
- Staff training.

8.11 Self-Care Week 2011

Following the lead of Men's Health Week and focusing on technology Self-Care Week took place from November 14-20, and aimed to help people take care of themselves and let them know what’s available to help them look after their health.
Technology is changing the way we manage our health. Mobile phone apps like NHS Direct and the MHF's Bloke Noises allow people to check their symptoms if they are feeling unwell, get an assessment, information about condition and advice on how to look after themselves.

8.12 Telehealth Monitoring

Telehealth monitoring equipment enables people with complex conditions to stay at home, but also still stay in touch with their GP or other health professional. A dedicated Self Care Week Landing Page is now live on NHS Choices - www.nhs.uk/selfcare - which will provide a first port of call on all things self care.

8.13 Living with and Beyond Cancer

A workshop led by Belfast Trust, in partnership with Macmillan, took place in April 2011. Bringing together representatives from the Trust, voluntary organisations, charitable organisations and community groups, participants explored the way forward with new initiatives for patients, families and carers on the cancer journey.

The workshop provided an opportunity to gain current information on national and regional initiatives in relation to cancer and provided an opportunity to shape new developments in areas such as transforming survivorship.

The service development aims to move towards a more coordinated approach, to improve health and wellbeing and reduce health inequalities, put people’s needs at the centre of decisions, make the best use of resources and providing services locally (where possible). These services include all those provided by all stake holders in the area and Macmillan funding for five years to enable the Trust to facilitate this development.

8.14 Health Improvement

This project has been developed to address the issue of men not availing of health and social care services. A Men’s Health working group lead by the Health Improvement Team, made of representatives from the community, voluntary and statutory sectors meet bi-monthly to share information and develop men specific initiatives. In June 2011 over 300
men attended an event in Belfast City Hall as part of men’s health week. The men received health checks and information on mental health, nutrition, cancer and other health issues. Within East Belfast the Men’s clinic continues to provide health and well being checks every week.
Section 9: Complaints

- Please identify the number of Section 75 related complaints:
  - received and resolved by the authority (including how this was achieved);
  - which were not resolved to the satisfaction of the complainant;
  - which were referred to the Equality Commission.

No complaints were received during the reporting period 1\textsuperscript{st} April 2011 and 31\textsuperscript{st} April 2012 in relation to Section 75 statutory duties.

The closer links between health and social inequalities and complaints ensure that the Complaints Team will quality assure and cross refer any complaints that they receive with the HSI Team.

A tailored training session on Equality, Human Rights and Disability is scheduled for later in 2012 for the Complaints Team to ensure that staff respond and deal with any comments, complaints or compliments appropriately and responsively.
Section 10: Consultation and Engagement

- Please provide details of the measures taken to enhance the level of engagement with individuals and representative groups during the year.

- Please outline any use of the Commission's guidance on consulting with and involving children and young people.

Trust Equality Managers have provided expert advice and guidance regarding the development of the Personal and Public Involvement Plan (PPI) and consultation strategies and responses. The Trust has worked with fellow HSC Organisations to produce specific leaflets to enable patients and clients to be engaged in consultation. Strong links have been developed between staff working on the PPI Plan and the Disability Action Plan (DAP). The continued development of the Trust Personal Involvement Strategy will deliver real benefits for Section 75 groups and contribute to the Statutory Duties to consult.

The Trust maintains an up-to-date and relevant database of consultees to ensure appropriate consultation and engagement is achieved. The consultee database is included in the Revised and approved Equality Scheme and is a useful resource for the whole organisation. As previously stated consultees have been able to request their preferred medium for consultation.

10.1 Consultation and engagement

Belfast Trust acknowledges the importance of consultation and engagement with its internal and external stakeholders. Experience to date has proven that by involving users and staff in proposals to reorganise or change how things are done, that the Trust can learn those that are directly affected and can therefore further enhance services and policies by acting on the appropriate direction provided. High quality engagement with, and involvement of patients, clients, service users, carers and the public can have a positive impact on the delivery of services. Effective involvement is central to the delivery of quality care and can lead to improvements in the experience of using services.
One of the 5 key strategic objectives that Belfast Trust set itself was that of Partnership – we are committed to improving health and well-being through existing and new partnerships with a range of individuals, representative groups and voluntary and community organisations. The Trust is committed to providing people led services, drawing on the years of experience and listening to the needs and feedback that meaningful consultation can yield.

During the last reporting period, when the Trust had undertook a strategic review of its services and in so doing conducted 13 equality impact assessments, the Trust engaged in thematic consultation and visited Section 75 groups and community groups to discuss the proposals. Consultation in terms the proposals to reconfigure Rheumatology and Dermatology services in Belfast yielded a significant volume of concerns about the capacity of Belfast City Hospital to provide the same therapeutic treatments, as had been provided in Musgrave Park Hospital, The Trust took on board this feedback and decided not to proceed with the proposal to relocate services to Belfast City Hospital and committed to reconsider their options in this reporting year. The new proposal has reflected the concerns on behalf of stakeholders in the original consultation and is now based on the option to relocate the services to Musgrave Park Hospital. This perhaps reflects the power of stakeholder influence and the benefits of consultation.

The Trust recognises the benefits of early involvement and ongoing engagement with stakeholders – by involving key stakeholders at the conceptual stages in both the development of the Trust’s Equality Scheme and the Disability Action Plan, HSC Trusts have benefitted from the expertise and experience of Section 75 groups and individuals. The Regional Accessible Communications Group represents another example of engagement and involvement at the earliest juncture. By working alongside representatives of RNIB, Action on Hearing Loss, Mencap, the Stroke Association, Disability Action, Autism NI, HSC Equality leads were in a much more educated and elevated position to produce the right accessible communication guidance for staff by having these experts from a pan disability perspective at the table.

Within the production of consultation documents and equality impact assessments, the Trust has learnt that by having a service user in the
project team, documents are better informed and become more person centred, person led papers.

The forthcoming Equality Impact Assessments on Maternity and Rheumatology and Dermatology shall also comprise stakeholder involvement to further inform the proposals.

The Trust’s Personal and Public Involvement Steering Group offers a pre-established mechanism through which proposals and concepts can be presented at an early stage and again when they are more fully developed so that carers, older people, those with long term conditions can offer their perspective on Trust ideas and direction. This group is also an example of engendering mutual understanding as Trust colleagues learn from our partners and partners in turn become aware of logistics and rationale for putting forward proposals.

The Trust’s Inequalities Forum demonstrates the strategic commitment to engagement and working together to tackle the spectrum of health inequalities. The group is chaired by the Chief Executive and its membership includes Non Executive and Executive Directors.

The Trust details in Section 10 its development of its draft Good Relations Strategy. From the outset the Trust has worked to engage key stakeholders in its formation by having community representatives, the Community Relations Council, Trust chaplains and trade unions on its steering group. The Trust engaged with service users. Staff and those who from whom we procure services to establish their views on how the Trust promotes or could better promote good relations. This baseline along with the Community Engagement workshop significantly enhances the direction that the Trust will pursue in its strategic promotion of good relations. The Health and Social Inequalities Manager sits on the Belfast City Council Good Relations Strategic Forum,

The Trust envisages that with the implementation of the Transforming Your Care Programme Health and Social Care will need to actively engage and consult with stakeholders in the development of proposals to meet the objectives of the review.
Section 11: The Good Relations Duty

Based on its Section 75 Effectiveness Review, the Commission highlighted that to date public authorities had tended to focus on the equality of opportunity duty rather than the good relations duty when addressing their commitment to Section 75. It stressed that the good relations duty is taken seriously and that it would be important that mainstreaming and implementation could be demonstrated and reported on.

As previously reported, Belfast Trust had intended to devise a strategy on the implementation and promotion of good relations at an earlier juncture. However other statutory and strategic commitments had to be progressed and so the development of a draft Good Relations Strategy was scheduled for 2011/2012.

In August 2011 the Belfast Trust set up a Good Relations Steering Group Chaired by the Human Recourses Co-Director. The group is made up of range of Trust, multi disciplinary, staff and managers, Trust Chaplaincy and other key representatives from different communities, partnerships and Ethnic organisations, Community Relations Council and Trade Unions. An Operational Sub Group was set up to assist the process. The initial proposed Good Relations Strategy and Action Plan went to the Trust Executive team who fully endorsed the Plan.

11.1 Action Plan and Audit

An Action Plan comprising key stages was devised to ensure the development of the Strategy. Incorporated within the Action Plan was the need to carry out an internal audit and external audit to identify current policies/initiatives or issues in terms of race, religion or political opinion for staff and service users. Internally the areas that were targeted to be audited were:

- Employment
- Services
- Procurement
• Communication

• Complaints.

The external audit involved a consultation and engagement workshop which was held in March with a range of Section 75 groups and community groups as well as other organisations and individuals. In developing the Trust’s Good Relations Strategy, due regard is being given to the importance of promoting Good Relations and the interdependency between equality of opportunity and Good Relations, as highlighted by the Commission in its revised guidance in April 2010. In particular the emphasis on the importance of mainstreaming, reporting and “the interdependence of equality and Good Relations” is noted.

11.2 “I am Roma” Programme

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

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

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

The High Level Objectives

• To raise awareness of Roma language, culture and traditions and challenge perceptions and stereotyping of Roma in Belfast within the public, statutory, voluntary and community organisations working with Roma communities.
To begin to build the capacity of staff in public, voluntary and community organisations to engage with the Roma community in Belfast.

To lay the foundation for economic stability and independence through the establishment of a social economy programme for Roma women.

To promote the integration of Roma youth with local communities thorough single identity and intercultural programmes.

To date the LAG have been able to roll out training on cultural awareness and language to BHSCT staff and our partner organisations. We have printed and distributed phonetic welcome cards for frontline staff who work with Roma and bilingual leaflets to ensure Roma are aware of their rights when accessing services.

We have engaged with the Roma community and carried out a baseline health needs assessment. This has resulted in the establishment of a pilot Health visiting Clinic for Roma due to commence in September 2012.

11.3 Strategy for Improving Traveller Health and Wellbeing

All available data on the health status of the Irish Traveller community in Belfast shows that they experience a level of health which falls far short of that of the general population.

In response to these inequalities Belfast Health and Social Care Trust (BHSCT) set out an unambiguous and realistic health improvement Strategy, with firm proposals for action in line with Departmental policy direction of addressing health inequalities within marginalised groups in NI.

BHSCT initiative on Travellers health represents an exemplar of the partnership approach to the development of health services, as advocated by the DHSSPS. The development of the Strategy and its implementation were, and remain, dependent upon the active collaboration of the statutory services, the voluntary and community sectors and not least Travellers themselves.
BHSCT have put in place new structures to oversee and implement its Traveller Health Strategy. The Traveller Health Strategy Board is chaired by the Director for Social and Primary Care.

The All Ireland Traveller Health Study (2010) identified that improved access to health services will directly lead to improved health status within the Traveller community. It cited the involvement of Travellers themselves, as critical in bridging the gap between the Traveller Community and the health services.

With this in mind BHSCT took the ground-breaking step of recruiting two Traveller Liaison Workers, in September 2011. Members of the Travelling Community were central to the entire recruitment process from the writing of the job description to the interviews themselves.

The employment of these workers, who are both from the Traveller Community, represents an enormous step forward for BHSCT, in the implementation of its Traveller Health Strategy. The Liaison Workers will work under the guidance of a dedicated Traveller Social Worker and Health Visitor. They will work across the areas of Family and Childcare, Mental Health, Maternity and Acute Services raising awareness of Traveller culture and health needs. They will have a central role in the implementation of BHSCT Travellers Health Strategy.

**The Key elements of BHSCT Traveller Health Strategy are:**

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

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

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

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

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

BHSCT is committed to improving health and wellbeing and reducing inequalities. It is hoped that the Strategy for Improving Traveller Health and Wellbeing will be the impetus for strengthening our work with the Traveller community to achieve this goal.

11.4 “Through the Lens” - Diversity Photographic Exhibition

This exhibition was held at Musgrave Park Hospital during May 2011. The project used digital photography to explore the theme of “Diversity”.

The project was developed and produced by Staff members throughout the Trust, members of Unison, Irish Congress of Trade Unions (ICTU) and the Workers Educational Association (WEA) and was supported by Belfast City Council.

11.5 Fit for Olympics

Through funding from the Belfast Trust Health Improvement Consortium, Fit for Olympics has been developed. This is a partnership between the Trust’s Health Improvement Department, ETC Morton, Maureen Sheehan Center, Streetwise, Arts Care, Belfast Trust Transport Department Mount
Oriel, Edgecumbe, Fortwilliam, Mica Drive, Suffolk, Everton, Fallswater, Community Day Services and Orchardville Day Services.

Following the very successful pilot project ‘Fit for Circus’ ETC Club Morton now wish to develop the project further with this new project Fit for Olympics. This is a new and innovative project to support adults with a learning disability attending Day Centres in Belfast. **Health Improvement and Community Development.**

The overall aim of the project, which is supported by Special Olympics Ireland, is to use health improvement and community development principles to build on existing partnerships to support Adults with a learning disability to develop their physical activity, lifeskills and self esteem through participation in a 3 stage programme.

**The 3 stages:**

**Circus skills** - Adults will develop confidence whilst learning circus skills such as stilt walking, juggling enabling them to benefit from exercise in a safe, gentle and fun way.

**Healthy eating** - Adults will learn about healthy eating by actively preparing a healthy lunch. They will be guided on food preparation and clearing up, provided with recipes leaflets allowing them to prepare a meal at home and will be supplied with a range of utensils.

**Art** - Facilitated by Arts Care Artists in Residence, the adults will produce a piece of art work for each Day Centre and a joint piece to be displayed in a public place. The theme will reflect health improvement in its widest sense, partnership and continuity. To date, adults who wished to take part in the project but who did not want to take part in circus skills were also involved in this work. Participants have created colourful designs inspired by the circus, using a variety of mixed media. These designs are being translated into circular fused glass artworks by the artists, which when brought together will reflect Olympic rings of partnership between the Day Centres.

*Developing skills, establishing friendships.* Adults, with the help of this project, will develop skills while establishing friendships with their peers from across North and West and South and East Belfast. The project will
culminate in participation in a Belfast community event such as a community festival. Last Christmas through a pilot project service users took part in the Lantern parade in Lisburn.

Trust Transport. The Consortium funding has enabled Trust Transport to collect service users, bringing them to ETC club Morton and the Maureen Sheehan Centre for training.

11.6 New Entrants Service

The Belfast Trust has recently developed a Northern Ireland New Entrant Service (NINES). This nurse led service aims to provide access to health care for new entrants to Northern Ireland to include new immigrants, asylum seekers, refugees and clients who are unable to register for GP services. The service will offer Mantoux testing and BCG vaccination for children and infants identified through the “at risk” screening programme. A range of clinics can be accessed to address the health and social well being needs of the client group. Over the coming months clinic sessions will be further developed to include a GP clinic and a consultant led paediatric clinic.

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

11.7 Celebrating Community Relations Week 23 – 27th May

Belfast Trust marked Community Relations Week with a range of activities aimed at raising awareness of the need to promote Good Relations, Equality of Opportunity and Human Rights from 23rd – 27th May 2011. Throughout Community Relations Week, exhibition stands were on show at The Royal Hospitals, Belfast City Hospital and the Mater Hospital. The stands exhibited a range of artefacts and symbols representing the diverse nature of Trust staff and the community. The stands also depicted various projects the Trust has been and is currently involved in which promote good relations. A collage of photos was on display illustrating the path Northern Ireland has travelled over the past 42 years. An array of
literature and information was also available. Each day of that week the Trust Intranet featured interesting Myths and Facts relating diversity.
Section 12: Additional Comments

- Please provide any additional information/comments
  (Enter text below)
Part B: ‘Disability Duties’
Annual Report 1 April 2011 / 31 March 2012

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

11

Fully Achieved?  Partially Achieved?  Not Achieved?

Good progress continues to be maintained during 2011 to 2012 in the implementation of the Disability Action Plan (DAP). Much of this progress continues to be directed through the Regional Working Groups. The ongoing engagement with disabled people and representative organisations who have worked in partnership with Trust staff on the Regional Working Groups continues to contribute to the successful implementation of the DAP.

The three Regional Working Groups are as follows:

- Staff Training and Development Workstream
- Employment Workstream
- Communication and Accessibility Workstream

The DAP continues to have both a Regional and Local element to its delivery.

A series of Regional meetings were held during 2011 to 2012:
• 31/05/2011 – hosted by the Western HSC Trust. The HSC Discovering Diversity E-learning programme Disability Module was launched. Also at this meeting the three key disability documents were launched as follows:

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

• These initiatives were supported by the Equality Commission who endorsed the work of the DAP Working Groups at this event. Other key speakers at this meeting included: MENCAP and Disability Action.

• 22/11/2011 – hosted by the Belfast HSC Trust, which looked at Communication issues. There were three presentations covering the following topics:

  o Assistance Dogs Policy,
  o Autism
  o Learning Disability and Communication

During 2011-2012 the Trust worked collaboratively on the Five Year Review of the current DAP. This will be reported on and included in the second DAP 2012-2014. Pre-consultation meetings to assist Trusts in the development of actions for the second DAP are planned for April and May 2012.

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

• **Staff Training and Development Workstream**

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

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

The latest module includes a number of video clips by people with different disabilities. Also included is an interview with a staff member from the South Eastern HSC Trust identifying good practice in the work place. This development was demonstrated at Trust Board in August 2011.

- **Employment Workstream**

  Membership of this Working Group included HSC staff and representatives from the Disability sector. This workstream is led by the Southern HSC Trust.

  Key initiatives for this group included the development of the following guides:

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

  These guides were launched in May 2011. The Trust continues to provide employment placements for people with a disability. As highlighted before the Trust has secured 19 placements and 5 ring fenced posts in Mental Health.
• Communication and Accessibility Workstream

This Group is led by the Northern HSC Trust, Belfast HSC Trust and the South Eastern HSC Trust. A new Regional HSC Accessible Communication Group is progressing many of the DAP actions. In the Trusts Audit of Inequalities, communications with patient/client/service users with a range of disabilities was identified as an area for development. Representation on this group includes key stakeholders such as RNIB, Stroke Association, Royal Society for Speech and Language Therapists, Disability Action, Action on Hearing Loss, Education for Adults (EGSA), Cooperation and Working Together (CAWT) and MENCAP and Autism NI as well as HSC staff. This Working Group has been looking at effective communication mechanisms and producing a quick reference guide for staff which draws on good practice. This guidance will be presented in a form of tip cards for key disabilities. The document will be launched at a DAP pre-consultation event planned for May 2012.

The DAP Progress Report 2010-2011 was presented to Trust Board in August 2011, progress was noted and positively commented on. Trust staff continue to be involved in a number of the Regional Working Groups and good practice is promoted at a local level.

A key issue for 2012-2014 is the alignment of the Trust’s DAP with other key strategic documents such as the 2nd Generation Equality Scheme.
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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional⁵</td>
<td>• MORE, Personal and Public Involvement Plan (PPI).</td>
<td>• Two Regional meetings held with approximately thirty staff, disabled persons and/or their representatives attending each meeting.</td>
<td>• Improved decision-making and policy development at all levels.</td>
</tr>
<tr>
<td></td>
<td>• DAP Working Groups and key products such as Disability E-learning Module, Disability</td>
<td></td>
<td>• Ensure top-level commitment to DAP.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Enhanced performance of working groups.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Improved opportunities for</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
| Employment Framework, Etiquette Booklet and Reasonable Adjustment Guide. | The production of the three Disability Employment Products  
E-learning Disability Module.  
PPI staff and Equality staff continue to work closely to ensure the alignment of the two Statutory Duties re PPI and Equality of Opportunity. | people with disabilities.  
Greater understanding of issues facing people with disabilities and clear guidance for staff on how to respond to these in a positive manner |
|---|---|---|
| Local⁶ | MORE, PPI and DAP Working Groups. Trust representatives on Regional Working Groups.  
Service Users and Representatives on Trust bodies.  
Involvement of service users in policy/service developments and decision making. | Increased public participation and engagement in a number of key developments such as MORE and PPI.  
Disability Guides approval through local policy committee.  
Incorporation of Disability E-learning module into wider E-learning programme. | Further development of local expertise. Regional work being integrated at local level.  
Enhanced opportunities for people with disabilities.  
Greater understanding of issues facing people with disabilities and clear guidance for staff in how to respond to these in a positive manner.  
Establishment of the Disabled Employee Network |

⁶Local: Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.
|          |          | 19 work placements  
|          |          | 5 ring fenced posts in Mental Health |
2(b) What **training action measures** were achieved in this reporting period?

<table>
<thead>
<tr>
<th>Training Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Regional Training Group comprised of Trust staff, other HSC organisations, people with disabilities and disability advocacy groups such as Mencap, RNIB, RNID and Action Mental Health. A number of meetings were held to complete this module. • E-learning Package launched May 2011 and promoted both Regionally and Locally.</td>
<td>• High level ongoing involvements by people with disability and Disability Advocacy Groups in this workstream. • Significant exchange of models of good practice between Trusts and Disability Advocacy Groups. • Development of a learning environment where people are prepared to be both challenging and challenged. • More positive attitudes to people with disabilities. • Greater confidence of staff in providing services for people with disabilities.</td>
</tr>
<tr>
<td>2</td>
<td>• Two Regional meetings were held with approximately thirty attendees at each meeting. • Positive evaluations of both meetings received. • Individual meetings held for each of the workstreams.</td>
<td>• Increased awareness and knowledge of DAP and related impacts on policy development and service delivery. • Benefits to Disability Advocacy Groups and Trust personnel in understanding disability related issues.</td>
</tr>
<tr>
<td></td>
<td>• Training provided for members of DAP workstreams through Regional meetings.</td>
<td></td>
</tr>
</tbody>
</table>


| 3 | • Training. | • Mandatory Equality Training  
• Disability Awareness training  
• Sensory Support Training  
• Mandatory Equality training has been delivered to 2219 staff, 140 managers and 310 people have completed online equality training | • Increase awareness and knowledge of the DAP and associated responsibilities for all staff. |
|---|---|---|---|
| 4 | • Training on further developing Performance Management Targets for members of all DAP workstreams. | • More specific performance indicators included in revised DAP (2011-2012) and work commenced on performance indicators for 2nd DAP (2012-2014). | • Increased awareness and knowledge of performance management.  
• The setting of more specific and measurable outcomes for the DAP working groups.  
• Enhanced monitoring arrangements. |
| 5 | • Screening Master Classes delivered to senior staff within the Trust which incorporates the Disability duties. | • A number of Master Classes were held for staff on Screening. Approximately 30 staff attended. This was delivered across 3 HSC Trusts.  
• Screening and EQIA is incorporated in other training such as Mandatory Equality Training for Managers  
• Mandatory Equality training | • Increased awareness of disability duties during screening, EQIAs and decision-making processes.  
• Master Classes evaluated at ‘excellent/very good’.  
• Enhanced staff knowledge and skills re: Screening and EQIA processes. |
has been delivered to 2219 staff, 140 managers and 310 people have completed online equality training

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

<table>
<thead>
<tr>
<th>Communications Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
</table>
| 1 • Communication and Accessibility Workstream | • A new Regional Accessible Communication Group is progressing many of the DAP actions. Group comprised of Trust staff, other HSC organisations, people with disabilities and disability advocacy groups.  
• A Regional Guide will be launched in May 2012. | • Involvement of key stakeholders in the process. Networking and building of relationships.  
• Enhanced participation for people with disabilities re: Trust services.  
• Provision of up-to-date and relevant information for staff in relation to accessibility issues.  
• Improved accessibility and services for people with disabilities.  
• Increased staff confidence and competency in this area. |
| 2 • Increased awareness of DAP within Trusts and wider community | • DAP available on Intranet/Internet. Information on DAP in Trust publications.  
• Planning for consultation on 2nd DAP, June – October 2012. | • Increased staff and public awareness of DAP.  
• More positive attitudes towards disabled people both as staff members and service users. |
<table>
<thead>
<tr>
<th></th>
<th>Increased awareness of the provision of alternative formats</th>
<th>The promotion of such formats within the Trust.</th>
<th>Increased requests for accessible formats for example Easy Read, Large Font and DAISY versions of Trust documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Involvement of Trust staff in Regional working groups.</td>
<td>Increased expertise amongst Trust staff which has a positive impact on patient experience.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Improved Website Accessibility</th>
<th>Website includes Browsealoud and Assistance with Browser settings e.g. font size and colour.</th>
<th>Improved accessibility to Trust website.</th>
</tr>
</thead>
</table>
2 (d) What action measures were achieved to ‘**encourage others**’ to promote the two duties:

<table>
<thead>
<tr>
<th>Encourage others Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Mainstream the Disability Duties into the Screening and EQIA processes</td>
<td>• Screening and EQIA processes include consideration of these duties.</td>
</tr>
<tr>
<td></td>
<td>• Staff trained in screening 100+.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>• Provision of training sessions</td>
<td>• Corporate Induction – 562 attended Equality and Human Rights module which incorporates training on DAP.</td>
</tr>
<tr>
<td></td>
<td>• Disability Awareness training</td>
<td>• Specific training on e.g. Sensory Impairment.</td>
</tr>
</tbody>
</table>
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>
<tbody>
<tr>
<td>1</td>
<td>• The implementation of the 2\textsuperscript{nd} Generation Equality Scheme and the Section 75 Equality Action Plan contains a number of targets which promote these duties.</td>
<td>• Production of Audit of Inequalities and Emerging Themes Booklet has created a key research document for Trust staff in relation to people with disabilities.</td>
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<tr>
<td>2</td>
<td></td>
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<td>3</td>
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</tbody>
</table>
3. Please outline what action measures have been **partly achieved** as follows:

<table>
<thead>
<tr>
<th>Action Measures partly achieved</th>
<th>Milestones⁷ / Outputs</th>
<th>Outcomes/Impacts</th>
<th>Reasons not fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
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</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>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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</tbody>
</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?

(a) Qualitative

- Regional Working Groups – Stakeholder participation - quality assurance of documents and guidance.
- Preparation for Five Year Review and analysis of stakeholder feedback
- Monitoring of DAP for Annual Progress Report to ECNI

(b) Quantitative

- Performance Indicators in DAP
- Preparation for Five Year Review and analysis of performance throughout the lifespan of the first DAP
- Screening and EQIA processes
- Complaints / Compliments
- ECNI Annual Progress Report

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: Yes / No
If yes please outline below:

<table>
<thead>
<tr>
<th>Revised/Additional Action Measures</th>
<th>Performance Indicator</th>
<th>Timescale</th>
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<tbody>
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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?

___________________________________________________________________________________
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APPENDIX 1

Belfast Health and Social Care Trust

HEALTH & SOCIAL INEQUALITIES MANAGEMENT PLAN
2011 / 12
1. Introduction

1.1: Health & Social Inequalities Team Statement of Purpose

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

1.2: How we will achieve our purpose

We will achieve our purpose by:

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

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

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

- Safety
- Modernisation
- Partnerships
- Staff
- Resources

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

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

- Section 75 duties of the N.I. Act 1998
- The Human Rights Act 1998
- Addressing Health & Social Inequalities issues
- N.I. Regional Interpreting Service
- UN Convention on Rights of Persons with a disability.
1.4: National/Regional/Local issues

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

These can include:

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

1.5: Legislative Issues

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

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

- The Human Rights Act 1998
- The Disability Discrimination Act 1995

The main areas of responsibility covered by N.I. specific legislation are:-

- The N.I. Act 1998
• The Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (NI) Order 2006).

1.5.1: The Human Rights Act 1998


1.5.2: Disability Discrimination Act 1995

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

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

The Act also sets out the reasonable adjustments employers and service providers must make for employees or service users.

1.5.3: The Northern Ireland Act 1998

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

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

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

• Equality of Opportunity Duty
• Good Relations Duty
The Equality of Opportunity Duty applies to nine categories:-

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

The Good Relations Duty applies to three categories:-

- Religious belief
- Political opinion
- Racial group

The Trust has an Equality Scheme which is a framework for implementation of its statutory duties of Section 75 of the Northern Ireland Act 1998. The Trust has produced a draft revised Equality Scheme which has been submitted for audit and approval to the Equality Commission for Northern Ireland on 1st May 2011. The requirement to submit a revised Scheme is in accordance with Schedule 9 Para 3 (1) (b) of the Northern Ireland Act 1998.
1.5.4: The Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (N.I.) Order 2006)

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

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

The Trust has submitted a Disability Action Plan to the Equality Commission for Northern Ireland, setting out how it will meet these statutory duties. This plan was due to expire on 31st December 2010 however the Trust, along with other HSC counterparts requested an extension to the plan so that it could be readily aligned with reporting requirements on the revised Equality Scheme and Corporate Plan. This was sanctioned by the Commission.

The Belfast Health and Social Care Trust worked closely with the four other Health and Social Care Trusts in Northern Ireland in the production of the Disability Action Plan. Five Trusts will continue to work in a collaborative way on the practical implementation of the Disability Action Plans and will extend the measures therein to match the extension in the plan until 2012.

1.6: Partnerships

The Health and Social Inequalities Team will meet its responsibilities within the Trust by way of a number of strategic partnerships.
The fundamental partnership is between the Health & Social Inequalities Team and the Service and Corporate Groups that make up the Trust. The team also works in partnership with the Trust’s Community Development and Health Improvement teams.

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

The Health and Social Inequalities Team has identified its close working relationship with the Community Development and Health Improvement Teams. The three Teams have already worked closely during the production of the Trust User Involvement Strategy and implement the Health Inequalities Strategy for the Trust. They will continue to work collaboratively on the production of a Good Relations Strategy and within the Trust’s newly established Inequalities Forum.

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

**1.7 Purpose**
The Health and Social Inequalities Team Management Plan has been developed to deliver on the corporate objectives of the Trust in 2011/2012 and work towards the realisation of the Trust’s purpose, vision and values.
The purpose of the HSI management plan is to set out the key activities and priorities, to provide a clear sense of direction that will be set out in the performance contribution framework for all the staff within the team.

The development of the plan has been informed by the Co-Director of Governance, Equality and Improving Working Lives, Health and Social Inequalities Manager, Equality Managers, Regional Interpreting Services Manager, Health and Social Inequalities Team and Regional Interpreting Services Team.
### Health & Social Inequalities Management Plan
#### CORPORATE MANAGEMENT PLAN: Safety and Quality

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<thead>
<tr>
<th>Objective</th>
<th>Action</th>
<th>Timescale</th>
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| Regional Interpreting Service | ➢ Establish future direction and accountability/governance arrangements for RIS with DHSSPS and BSO.  
➢ Review Code of Ethics for HSC staff and practitioners.  
➢ Continue to train staff on Working Well With Interpreters.  
➢ Continue to recruit and train Interpreters to reflect breadth and volume of languages requested.  
➢ Permanent staffing for RIS.  
➢ Assess wellbeing of interpreters on RIS Register.  
➢ Finalise establishment of Advisory/Stakeholder Group for RIS. | Ongoing  
June 2011  
Ongoing  
Ongoing  
September 2011  
December 2011  
September 2011 | Joan Peden/ HSI/Manager  
RIS Manager  
RIS Manager  
RIS Manager  
RIS Manager  
RIS Manager |
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<th>Objective</th>
<th>Action</th>
<th>Timescale</th>
<th>Lead</th>
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<tbody>
<tr>
<td>Health and Social Inequalities</td>
<td>➢ Ensure training needs are met.</td>
<td>Ongoing</td>
<td>HSI Manager</td>
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<td></td>
<td>➢ Subject to ECNI approval of Equality Scheme, train staff and increase awareness of revised Schemes recommendations.</td>
<td>Commence September 2011-Subject to ECNI approval</td>
<td>HSI Manager</td>
</tr>
<tr>
<td></td>
<td>➢ Ensure that relevant people are equipped with legislative knowledge and can partake effective in screening and EQIA activity.</td>
<td>Ongoing</td>
<td>HSI Manager</td>
</tr>
<tr>
<td>Shopmobility Scheme</td>
<td>➢ Publicity campaign to be rolled on.</td>
<td>Ongoing</td>
<td>Equality Manager</td>
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<td></td>
<td>➢ Increase availability of Meet &amp; Greet Volunteers/Sighted Guide Scheme.</td>
<td>Annually</td>
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<td>➢ Continue to fund Shopmobility Scheme.</td>
<td>Quarterly</td>
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<td></td>
<td>➢ Continue quarterly Shopmobility steering group meetings to enable continued partnership approach with stakeholders.</td>
<td>Quarterly</td>
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<tr>
<td>Access Audit Group to address Health and Social Inequalities</td>
<td>➢ Report Access Audit Good Practice recommendations produced.</td>
<td>June 2011</td>
<td>HSI Manager/ Equality Manager</td>
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<td></td>
<td>➢ Disseminate across Service Groups.</td>
<td>Ongoing</td>
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<tr>
<td>MORE / Modernisation</td>
<td>Provide HSI advice and support in relation to MORE/ Service reform and modernisation initiatives.</td>
<td>Ongoing</td>
<td>Joan Peden/ HSI Manager</td>
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<td></td>
<td>Ensure the effectiveness of the employment equality support relating to staffing data and analysis to the Section 75 Screening/EQIA process and work with the HSI Team in the provision of support and guidance to managers. Finalise the Monitoring Framework.</td>
<td>Ongoing</td>
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<td></td>
<td>Review the monitoring framework with colleagues from Employment Equality</td>
<td>Ongoing</td>
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<td></td>
<td>Work with Health Records, IT, Service Managers to encourage and increase level of service use, monitoring across as many S.75 categories as possible</td>
<td>Commence June 2011</td>
<td></td>
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<td></td>
<td>Work with Planners, Communications and Service Managers to deliver effective and robust</td>
<td>Ongoing</td>
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<td>modernisation proposals.</td>
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<tr>
<td>➢ Ensure the effectiveness of HSI input to Section 75 Screening/EQIA process.</td>
<td>July 2011</td>
<td></td>
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<td>Objective</td>
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</table>
| Partnership working between Health and Social Inequalities and Employment Equality | ➢ Further develop partnership arrangements in relation to Section 75 screening responsibilities, in particular the revision of screening templates and guidance.  
➢ Ensure effective systems and enhanced communication measures are in place between both teams in relation to joint working initiatives. | 2011/12 | Joan Peden |
| Equality Training | ➢ In conjunction with employment equality Develop and deliver new “one stop shop” mandatory equality training for staff and for managers covering employment and Section 75 equality areas.  
➢ Develop a programme of training to ensure increased provision of training as well as providing tailored solutions and a menu of additional training in specialist areas.  
➢ Undertake a comprehensive evaluation of the new programme of equality training to ensure Trust needs are met and resources are sufficient to deliver. | April 2011 | Senior HR Manager/ HSI Manager |
<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
<th>Date</th>
<th>Responsible</th>
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<tr>
<td>Review and evaluate the Cylix online training in conjunction with HSI colleagues and the Eastern Area Partnership as appropriate with a view to submitting a business case to further develop this resource.</td>
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<td>Launch the regional Discovering Diversity Disability e-learning module.</td>
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<tr>
<td>Improve Health and Wellbeing and Reduce Health Inequalities</td>
<td>Take forward agreed strategy and action plan in collaboration with Community Development, Health Improvement, Health and Social Inequalities and Improving Working Lives on a combined programme of initiatives to improve health and wellbeing and reduce Health and Social Inequalities.</td>
<td>2011/12</td>
<td>Joan Peden</td>
</tr>
<tr>
<td>Partake in Inequalities Forum</td>
<td>Ensure S.75 considerations are a composite element of Inequalities Forum and therefore reflected in strategic business.</td>
<td></td>
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<tr>
<td>Equality Scheme</td>
<td>Subject to ECNI approval, disseminate and increase awareness on revised Equality Scheme</td>
<td>September 2011*</td>
<td>JP/ HSI Manager</td>
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<td></td>
<td>Ensure staff and managers have appropriate level of training on need</td>
<td>September 2011* and onwards</td>
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<td>September 2011*</td>
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*Subject to ECNI approval
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<tr>
<th>Health Inequalities Audit Action-based Plan</th>
<th>Work collectively and collaboratively to update audit of health inequalities across the 9 section groups.</th>
<th>Ongoing Over 3 year period of Action-Based plan 2011-2014</th>
<th>Joan Peden/HSI Manager</th>
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<tr>
<td></td>
<td>Work to progress the measures in action-based plan to address persistent inequalities identified by the audit.</td>
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<td>I would highlight the key workstreams</td>
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<td>Work regionally and locally.</td>
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- Produce Equality Scheme Summary
- Publish Equality Scheme in Easyread
- Implement ratified Equality Scheme

| September 2011* | September 2011* and onwards |

- Conduct equality screenings and equality impacts assessments in line with statutory duties and Equality Scheme.
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<th><strong>Objective</strong></th>
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</table>
| Review the Business Partnering Model in line with the new structure | ➢ Revise Business Partnering Model for H&SI Team.  
➢ Present revised Business Partnering Mode for H&SI Team.  
➢ Business Partnering provide vital in delivery of MORE and Service Reform and Modernisation: HSI to continue to build on these partnerships. | June 2011  
July 2011  
Ongoing | Joan Peden/ HSI Manager |
➢ Participate in Regional Disability Action Plan Working Groups.  
➢ Launch new disability e-learning training.  
➢ Work within the new proposed workstreams.  
➢ Extend measures proposed in line with extended timeline. | Ongoing  
Ongoing  
Ongoing  
May 2011 and onwards  
May 2011 | HSI Manager |
| Disability Steering Group | ➢ Bring together and harness expertise across the Trust, introduce best practice and ensure accessibility for all service users and staff.  
➢ Review membership. | Ongoing  
July 2011 | Joan Peden/ HSI Manager |
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<tbody>
<tr>
<td>Work collaboratively with other HSC Trusts, BSO and DHSSPS in Regional Equality and Human Rights Steering Group</td>
<td>➢ Consistent regional approach, sharing of best practice and experience:</td>
<td>Ongoing</td>
<td>HSI Manager</td>
</tr>
<tr>
<td>Continue to work collaboratively with social services, equality and Human Rights Commission to address No recourse.</td>
<td>➢ Work collaboratively with other HSC organisations.</td>
<td>Ongoing</td>
<td>HSI Manager</td>
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<tr>
<td>Work with Community Development and Health Improvement on the development and implementation of the Trust Inequalities in Health Strategy</td>
<td>➢ Participate and keep Section 75, human rights and disability issues to the fore of Inequalities Forum.</td>
<td>Ongoing</td>
<td>HSI Manager Equality Team</td>
</tr>
<tr>
<td></td>
<td>➢ Work collectively with other teams to reduce inequalities in health and social care.</td>
<td>Ongoing</td>
<td></td>
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<td></td>
<td>➢ Review Induction input.</td>
<td>May 2011</td>
<td></td>
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<tr>
<td>Continue to work in partnership with HR and whole Trust to uphold IiP standards</td>
<td>➢ Comply with IiP standards.</td>
<td>Ongoing</td>
<td>HSI Manager/ Equality Team</td>
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<tr>
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<td>➢ Promote best practice and continue to engender culture of Working Well Together in team.</td>
<td>Ongoing</td>
<td></td>
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<tr>
<td>Work with Councils and Community Organisations to create promotional initiatives and events within the community and public bodies</td>
<td>➢ Interpreters Forum meetings every quarter.</td>
<td>Quarterly basis</td>
<td>RIS Manager</td>
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<tr>
<td></td>
<td>➢ Bi-annual NIHSSIS conference.</td>
<td>Bi-annual</td>
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<tr>
<td>Training partnering with Big Word</td>
<td>Training sessions in conjunction with telephone interpreting delivered to all Trusts.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
</tr>
<tr>
<td>Advisory Stakeholder Group to facilitate stakeholder engagement</td>
<td>Reconfigure Advisory/Stakeholder Group and regular meetings.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
</tr>
<tr>
<td>Travellers Health Strategy and Action Project</td>
<td>Partake in Trust Traveller Health Strategy Board.</td>
<td>Ongoing</td>
<td>Joan Peden /Equality Manger</td>
</tr>
<tr>
<td></td>
<td>Assist implementation of Trust Traveller Health strategy and Action Plan.</td>
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<td></td>
<td>Partake in Trust Traveller Operational sub group to implement Traveller Strategy and Action Plan.</td>
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<td>Assist in the employment, recruitment and induction of 2 Traveller Liaison officers.</td>
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<td>Continue provision of Traveller Awareness training.</td>
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<td>Have effective industrial</td>
<td>Work in partnership to deliver domestic abuse</td>
<td>Ongoing</td>
<td>Joan Peden</td>
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<tr>
<td>Relations with Trade Unions</td>
<td>Support system / EQIA’s / Work on modernisation.</td>
<td>HSI Manager</td>
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<tr>
<td>PR and Marketing</td>
<td>Work with Corporate Communications to develop a H&amp;SI Team website.</td>
<td>September 2011</td>
<td>HSI Manager</td>
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<td>Objective</td>
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<tr>
<td>Good Relations</td>
<td>To include RIS information and guidelines on H&amp;SI Team website.</td>
<td>September 2011</td>
<td></td>
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<td></td>
<td>Convene Stakeholder conference.</td>
<td>September 2011</td>
<td>HSI Manager/Equality Manager</td>
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<td></td>
<td>Develop a Good Relations Strategy for Belfast HSC Trust.</td>
<td>January 2012</td>
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<td></td>
<td>Present Good Relations Strategy to Trust Board for outline approval.</td>
<td>January 2012</td>
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<td></td>
<td>Consultation period on Good Relation Strategy.</td>
<td>February – April 2012</td>
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<td>Present Good Relations Strategy to Trust Board for final approval.</td>
<td>May 2012</td>
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<td></td>
<td>Implement Good Relations Strategy.</td>
<td>June 2012</td>
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<td></td>
<td>Develop a Good Relation Training course and incorporate into H&amp;SI Training Syllabus.</td>
<td>May 2012</td>
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<td></td>
<td>Organise range of activities and action to mark Good Relations week.</td>
<td>May (Annually)</td>
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<tr>
<td>Domestic Abuse Support Scheme</td>
<td>Implement recommendations of D.V service Evaluation.</td>
<td>June 2012</td>
<td>Joan Peden/HSI Manager</td>
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<td></td>
<td>Be part of Belfast Domestic Violence Partnership.</td>
<td>Ongoing</td>
<td>HSI Manager</td>
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<td></td>
<td>Work alongside statutory, community and voluntary groups.</td>
<td>May 2011 and ongoing</td>
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<td></td>
<td>Work with DHSSPSNI D.V. Unit to ensure regional consistency and dissemination of good practice.</td>
<td>Ongoing</td>
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<tr>
<td></td>
<td>Deliver training.</td>
<td>June 2011</td>
<td></td>
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<tr>
<td></td>
<td>Compare and review domestic abuse workforce policies. Provide advice and support to other HSC organisations who wish to adopt the model</td>
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<tr>
<td>Training: e-learning</td>
<td>Ensure ongoing provision and evaluation of equality training and implement on-line training in partnership with Employment Equality colleagues.</td>
<td>Ongoing</td>
<td>HSI Manager</td>
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<tr>
<td>Objective</td>
<td>Action</td>
<td>Timescale</td>
<td>Lead</td>
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<tr>
<td>Promote Health and Social Inequalities through various initiatives</td>
<td>➢ Due to success of former events such as anti-racist week, human rights week: traveller focus and domestic abuse week, the team will continue to have a visible presence using all different types of media to promote such issues - As aforementioned, mark Community Relations Week).</td>
<td>Ongoing</td>
<td>Joan Peden/ HSI Manager Equality Team</td>
</tr>
<tr>
<td>Training</td>
<td>➢ Participate in and review HSI input in Trust induction programme.</td>
<td></td>
<td>HSI Manager</td>
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<tr>
<td></td>
<td>➢ Cascade training to all staff on new Equality Scheme.</td>
<td>September 2011 and onwards(Subject to ECNI approval)</td>
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<td></td>
<td>➢ Deliver H&amp;SI team training programme.</td>
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<td></td>
<td>➢ Deliver tailored training as required by Directors and Managers of Business and Service Groups.</td>
<td>Ongoing</td>
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<tr>
<td>Objective</td>
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<tr>
<td>Professional development sessions organised for new Interpreters on specific health issues e.g Mental Health, Domestic Abuse, Speech and Language, Sign-posting information.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
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<tr>
<td>Maintain 316 interpreters on register, to deal with some 50,000 requests.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
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<tr>
<td>Develop flexibility and breadth of interpreters.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
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</tr>
<tr>
<td>Tailor made for QUB training of external medical students for Queen’s University</td>
<td>Ongoing</td>
<td>RIS Manager</td>
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<tr>
<td>Delivery of tailor made training on working well with Interpreters.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
<td></td>
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<tr>
<td>Generate income for service through training for medical students at QUB.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
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<tr>
<td>New staff and local induction pack : PCF / KSF reviews</td>
<td>Annually</td>
<td>RIS Manager</td>
<td></td>
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<tr>
<td>PCF / KSF reviews to be undertaken with all staff in accordance with Corporate Management Plan and HR Management Plan.</td>
<td>Annually</td>
<td>RIS Manager</td>
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</tbody>
</table>
# CORPORATE MANAGEMENT PLAN: Resources

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action</th>
<th>Timescale</th>
<th>Lead</th>
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</thead>
<tbody>
<tr>
<td>MORE Project</td>
<td>Advise business and service group managers on the equality implications of proposals and assist with screening.</td>
<td></td>
<td>HSI Manager Equality Team</td>
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<tr>
<td></td>
<td>Carry out detailed screening report and EQIA’s.</td>
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<tr>
<td>Acute Services Review</td>
<td>Implement ASR and take forward screening, DSR’s and EQIA’s in line with MORE, Reform &amp; Modernisation.</td>
<td>Ongoing</td>
<td>HSI Manager Equality Team</td>
</tr>
<tr>
<td>Regional Interpreting Services</td>
<td>RIS management monitoring of projects budget on monthly basis as a result of new separate cost centre.</td>
<td>Ongoing</td>
<td>HSI/ RIS Manager</td>
</tr>
<tr>
<td>Income generation through training sessions to QUB</td>
<td>Tailor made sessions delivered to QUB 1&lt;sup&gt;st&lt;/sup&gt; and 4&lt;sup&gt;th&lt;/sup&gt; year medical students.</td>
<td>Ongoing</td>
<td>RIS Manager</td>
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<tr>
<td>Link with Finance Departments and Equality Units regard to Interpreting Provision</td>
<td>Regular meetings with Finance Departments updates on Interpreting costs / payments systems and Equality Units regarding Interpreting provision and quality assurance.</td>
<td>Ongoing</td>
<td>HSI/ RIS Manager</td>
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