

## **Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2015-16**

### **Contact:**

<ul style="list-style-type: none"><li>Section 75 of the NI Act 1998 and Equality Scheme</li></ul>	Name: Orla Barron Telephone: 028 9063 5678 Email: <a href="mailto:orla.barron@belfasttrust.hscni.net">orla.barron@belfasttrust.hscni.net</a>
<ul style="list-style-type: none"><li>Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan</li></ul>	As above

Documents published relating to our Equality Scheme can be found at:

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

### **Signature:**



**This report has been prepared using a template circulated by the  
Equality Commission.**

**It presents our progress in fulfilling our statutory equality and good  
relations duties, and implementing Equality Scheme commitments and  
Disability Action Plans.**

**This report reflects progress made between 1<sup>st</sup> April 2015 and 31<sup>st</sup>  
March 2016**

## **PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme**

### **Section 1: Equality and good relations outcomes, impacts and good practice**

- 1 In 2015-16, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

*Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.*

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

This report aims to provide a succinct and concise representation of the work undertaken to progress the Trust's equality and good relations duties. This report has been compiled to demonstrate progress in relation to fulfilling our Section 75 duties as committed to in our Equality Scheme. Within the Trust Equality Scheme, a plan of how the Trust will successfully implement its statutory equality duties is detailed in Appendix 4. This is complemented by the updated action based plan to further tackle Section 75 inequalities. This is in accordance with the recommendation by the Equality Commission for NI that all Equality Schemes are accompanied by an Action Based Plan to tackle S75 inequalities and that such Plans should be informed by an inequalities audit.

A further publication entitled 'Equality Bites', has been developed to ensure that Section 75 stakeholders, people who work for the Trust and people who use our health and social care services can learn more about the ongoing and progressive work to promote equality of opportunity and good relations.

Whilst everyone in the Trust is responsible for promotion of equality and good relations, the **Health and Social Inequalities team** is tasked with mainstreaming and communication of the need not only to comply with the Section 75 duties, but to go beyond compliance and seek excellence and best practice in this regard. The team works collectively and collaboratively to improve health and well-being, reduce health

inequalities and lead on promoting equality, good relations, human rights and social inclusion in the design and delivery of services and functions within the Trust.

The Health and Social Inequalities team has its own detailed management plan which is influenced by a number of documents – the Trust Corporate Management Plan, the Human Resources Management Plan, the Disability Action Plan, the Section 75 inequalities action based plan and the Good Relations Strategy and Action Plan.

The Team achieves its purpose by:

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

The Trust's HR Workforce Equality and Governance Team leads on the development and delivery of a programme of action to address employment equality, consistent with the Trust's Human Resources Strategy and Management Plan. The Team ensures compliance with the requirements of equality legislation and delivers programmes of work to implement action plans to promote equality of opportunity in the workplace. The employment equality work of the Team is co-ordinated through the Trust's Employment Equality and Diversity Plan (EEDP) . This rolling three year plan is designed to deliver on the Trust's commitment to being an equal opportunities employer who aspires to;

- Prevent unlawful discrimination and harassment;
- Promote a good and harmonious working environment and who
- Take lawful outreach and /or positive action measures where appropriate

The EEDP encompasses the Trust's S75 responsibilities in relation to employment equality in addition to the anti-discrimination legislation.

### **New Directions 2:**

Belfast Trust is developing its Strategic Services Plan - New Directions 2 - for our health and social care services for the next decade, underpinned by a robust workforce, activity and financial models, which will deliver the right care in the right place, resulting in safe, high quality outcomes for our population.

The purpose of New Directions 2 is to determine, with Trust Teams, the future shape of services for the population of Belfast and across the region (where appropriate) to sustain service safety and quality. In New Directions 2008-2012, the Trust sought to begin a conversation with the people we serve on how we should deliver services in a faster, more flexible, less bureaucratic and more effective way. The Trust recognised therein the benefits of ongoing engagement with stakeholders as proposals for specific service changes emerge. New Directions (2008-2012) and constructive meaningful public consultations helped to deliver significant change, and as such the Trust focus is now on meeting the health and social care needs of the population we serve for the next decade.

Taking account of feedback received from staff, service users and key-stakeholders, one set of principles have been developed, as the guiding Overarching Principles for BHSCT, as follows:

**Figure 1:**

The Health and Social Inequalities Team resides within the **Human Resources and Organisational Development** directorate and works collaboratively with colleagues in **Employment Equality** and Community Development and Health Improvement to progress a broad range of initiatives. Partnership work has proved to be crucial in fulfilling Section 75 screening and equality impact assessment commitments and this is best achieved by working with colleagues in Planning, Communications and Service Leads. Given the size of the Trust, it is crucial that others are working to promote equality of opportunity and good relations and human rights in their day to day work.

The following information outlines how the Trust has progressed its equality and good relations agenda for the reporting period 1 April 2015 – 31 March 2016.

### **Disability Steering Group:**

The remit of the Trust's Disability Steering Group is to oversee the implementation of the legislative duties, to promote positive attitudes towards disabled people and to encourage full participation in public life. Notwithstanding this fundamental aim, the group also seeks to encompass any recent legislative developments such as the Autism legislation, the draft Mental Capacity legislation and any recommendations emanating from inspections by the Regulation and Quality Improvement Authority into their work programme. Our Disability Action Plan is central to setting the priorities of this Group and determines the creation and composition of working groups to focus on each priority area.

The group is chaired by Shane Devlin, Director of Planning, Performance and Informatics, and comprises Trust representatives and individuals from across the disability sector – including Mencap, Disability Action, Royal National Institute for the Blind, Action on Hearing Loss and British Deaf Association, the Real Project.

The group agreed to focus on Accessibility as its main priority for the last year. This has resulted in significant and tangible outputs to improve the patient experience in terms of accessibility, e.g. more accessible outpatient appointment letters; a text and email facility for people who are deaf and cannot telephone to book through the partial booking system and the development of a best practice design guide for accessible facilities for building renovations or future new builds; new training on disability awareness and disability etiquette for reception staff; improvements to the Trust intranet and social media sites.

Through this partnership, Trust representatives have gained invaluable first-hand experience on how, as health and social care providers and employers, we can remove barriers, facilitate better communication, improve access and ultimately create an enhanced patient experience for disabled people.

### **Three Es Equality Engagement and Experience Steering Group:**

The Disability Steering Group reports to a sub-assurance Group called the 3 Es: Equality, Engagement and Experience, which in turn reports to the Assurance Committee. This Group is chaired by the Director of Nursing and User Experience. The role of the Equality, Engagement &

Experience Steering Group is to provide assurance to the Assurance Committee around the Trust's activities in relation to experience, equality and engagement of patients, clients, service users, carers and communities, particularly vulnerable groups covered by Section 75 of the Northern Ireland Act 1998 and all other relevant NI and European legislation including human rights legislation. The Equality, Engagement and Experience Steering Group provides strategic direction for and oversees the work of the following subgroups:

**Figure 2:**



The Equality, Engagement and Experience Steering Group provides assurance that:

- Opportunities for learning from the review of PPI, Patient Experience, Equality commitments, Community Development and complaints are maximised, as one coherent system for the Trust
- Opportunities for learning from the review of reports by organisations such as RQIA are taken on board as well as reports into issues in other organisations which provide learning for the Health Service as a whole e.g. Francis Report
- People in receipt of services are actively involved in decisions

about their own care and treatment

- The wider public has opportunities to influence health and social care services, policies and priorities
- Personal and Public Involvement is part of everyday practice within the organisation, leading to improvements in individual experience of the service and the overall quality and safety of service provision
- The Trust carries out its duties under Section 75 of the Northern Ireland Act 1998, across all its functions including employment, service provision and procurement
- Timely reports are made to the Board of Directors, including recommendations and remedial action taken or proposed if there is an internal failing in systems or services
- Effective procedures are in place to review and respond to complaints
- Duplications and contradictions in Trust processes to progress Public Personal Involvement, patient experience, equality requirements and our response to complaints are addressed
- The experience of staff delivering the service is considered.

### **Ethnic Minority Health and Well-Being Group:**

The Ethnic Minority Health and Well-Being Group is chaired by the Director of Adult Primary and Social Care. The Group comprises representatives from the Service and Corporate Groups and community and voluntary sector representatives. The priorities for this group of the reporting period have included mapping the health needs of BME older people, BME carers, and developing Cultural Diversity and Good Relations training. It has been determined that there would be merits strategically to merge with the Traveller Strategic Group during the next reporting period.

### **Traveller Strategic Group:**

The Trust continued to host both Traveller and Roma Community health projects in 2015/16. Three Traveller Community Health Workers are employed by the Trust with an ongoing focus on Men's health, maternal and child health and mental health. Engagement with the Traveller community resulted in a number of innovative health programmes being developed, including 'Boxing for Health.'

The Traveller Community Health Workers supported 'Aware' in developing and delivering the 'Feel Good Project' (a bespoke mental health promotion programme for Travellers). The Traveller health team have also rolled out a well-attended training programme for BHSCT staff on cultural awareness and health needs.

Two Romanian speaking staff were employed by the Trust in this reporting period to support the Roma Community to access health and social services. The focus of these posts is maternal and child health and the Roma Community Health Workers have established the first Romanian-speaking early years project in Northern Ireland, supported by local Surestart and the Health Visiting service. This unique approach to maternal and child health has seen increased attendance at early years and enrolment in nursery education coupled with improved access to BHSCT services.

### **Good Relations Strategic Group:**



A Trust Good Relations Strategic Group was developed to oversee the implementation of the Trust Good Relations strategy "Healthy Relations for a Healthy Future 2012-2017" and the associated action plan. The Group comprises representatives from different Trust directorates, professions, Trust Chaplaincy, representatives from community organisations, partnerships, ethnic groups, the Community Relations

Council and Trade Unions. It meets quarterly and has led in the development of an Outcome Report on the Strategy as well as a Good Relations Update Report and the Good Relations Implementation Strategy.

The purpose of the Good Relations Strategic Group is to provide strategic leadership and direction to ensure that Belfast Health and Social Care Trust implements its Good Relations Strategy and Action Plan to comply with its Section 75 statutory and legislative requirements. The Group is chaired by the Co-Director of Equality, Modernisation and Learning and Development.

The Trust's Director of Human Resources and Organisational Development is responsible for the implementation of the Trust's Good Relations Strategy and Action Plan and the Strategic Group ensures a partnership approach to this and oversees and reviews progress ensuring the effective implementation and communication of the actions therein.

### **Human Rights Steering Group:**

In its Section 75 Action Based Plan, the Trust committed to adopting a human rights based approach to the delivery of our services. A timely inquiry by the Northern Ireland Human Rights Commission ('NIHRC') into human rights and emergency healthcare has provided the opportunity for partnership working between the two organisations to progress a pilot project aimed at further embedding a culture of human rights in our Emergency Departments. A Steering Group has been formed and is chaired by one of the Trust's Non-Executive Directors.

The purpose of the Human Rights Steering Group is to provide strategic leadership and direction to drive the development of a human rights based approach, so that human rights become explicitly integral in our decision making and everyday practice.

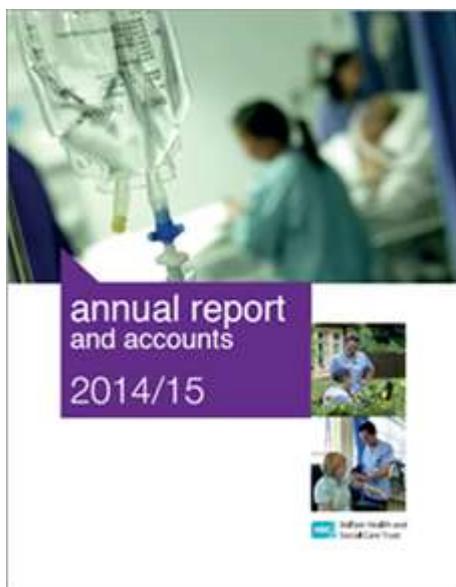
The Trust's Director of Human Resources & Organisational Development, along with the Medical Director are responsible for overseeing the development of the pilot project and the Steering Group and will ensure a partnership approach to this. The Director of Human Resources & Organisational Development and the Medical Director will oversee and review progress ensuring the effective implementation and communication of the actions therein. Quarterly reports on progress will also be provided to the 3 Es sub-assurance committee (Equality, Engagement & Experience).

During the reporting period, a human rights masterclass was delivered and facilitated by Les Allamby, Chief Commissioner of the Northern Ireland Human Rights Commission and the former UN Special Rapporteur on the Right to Health, Professor Paul Hunt. This preliminary work informed the composition and terms of reference of the Steering Group, and the filming of a DVD to introduce the pilot project. This is detailed further in the report.

### **Annual Progress Report for Trust Board Approval:**

The Trust's Annual Progress Report to the Equality Commission is submitted for approval to the Trust Board. The Board of the Belfast Trust is responsible for the strategic direction and management of the Trust's activities. It is accountable, through the Chairman, to the Permanent Secretary at the Department of Health and ultimately to the Minister for Health. Trust Board is made up of a Chairman, seven non-Executive Directors, five Executive Directors and seven other Directors. The Department of Health appoints non-executive directors, with the approval of the Minister for Health.

### **Trust Annual Report:**



Within its most recent Annual Report for 2014-2015<sup>1</sup>, the Trust took the opportunity to celebrate a Good Relations project which resulted in bespoke art pieces being designed and displayed in our Health & Wellbeing Centres to reflect and promote the diversity of the service users who attend Health & Wellbeing Centres. A workshop took place in February 2015 which welcomed representatives from across Belfast from different religions and cultures including, older people, people with

disabilities, women's groups, men's groups, Ethnic Minority groups and young people's groups. The finished artwork was formally unveiled in September 2015, to mark Community Relations Week and is now displayed in each Wellbeing and Treatment Centre.

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<sup>1</sup> Annual Report can be accessed here

[http://www.belfasttrust.hscni.net/pdf/1108\\_Annual\\_Report\\_14\\_to\\_15\\_final\\_copy\\_29\\_June2.pdf](http://www.belfasttrust.hscni.net/pdf/1108_Annual_Report_14_to_15_final_copy_29_June2.pdf)

**Belfast Trust committed to consult and in order to do so meaningfully, provide training to its staff and managers on Consultation:**

During this reporting period Belfast Trust consulted on the following proposals:

- Proposed Outline Procurement Model for Domiciliary Care Service 2015/2016
- The Delivery of Mental Health Day Services for People Living in Belfast:
- The Delivery of Learning Disability Day Services for People Living in Belfast.

In accordance with best practice and the Trust's statutory Personal and Public Involvement responsibilities under the HSC Reform Act 2009, each of these included pre consultation and engagement as well as formal consultation processes.

The Trust also commenced work on pre-engagement and preparation of an equality impact assessment on a proposal to improve Ophthalmology Outpatient Services and Consultation on Development of Ophthalmic Clinical Centres in Northern, Southern and South Eastern Local Commissioning Group/Trust Areas. This was not issued for formal consultation within the reporting period however has since been issued for public consultation from 5<sup>th</sup> May – 5<sup>th</sup> August 2016.

Due to ongoing financial pressures, HSC Trusts have been required to identify significant cost efficiencies. Given the large volume of savings required, the Trust has had to focus on a programme of reform and efficiency across the organisation. Mainstreaming the associated statutory equality duties can be a challenge in such a large organisation. Belfast Trust is mindful of its duty to do so under its Equality Scheme and considered it important to impart this knowledge and awareness to Policy Makers, Senior Managers and Co Directors, along with other relevant drivers such as Personal and Public Involvement, ECNI guidance on Section 75 and Budgets in addition to guidance from the Permanent Secretary in terms of consultation around closures or withdrawal of services and the Trust's own Organisational Management of Change Framework. In this reporting period, the Trust held a workshop with specialist input from Health and Social Inequalities, Personal and Public Involvement, Modernisation, Strategic Planning and Resource Utilisation. The purpose of the workshop was to assist

managers to effect change through adherence to statutory and legislative requirements, specifically in regard to consultation, PPI and equality and to provide practical advice and guidance to managers embarking on service change and to help them navigate through each step of the process.

### **Review of monitoring information:**

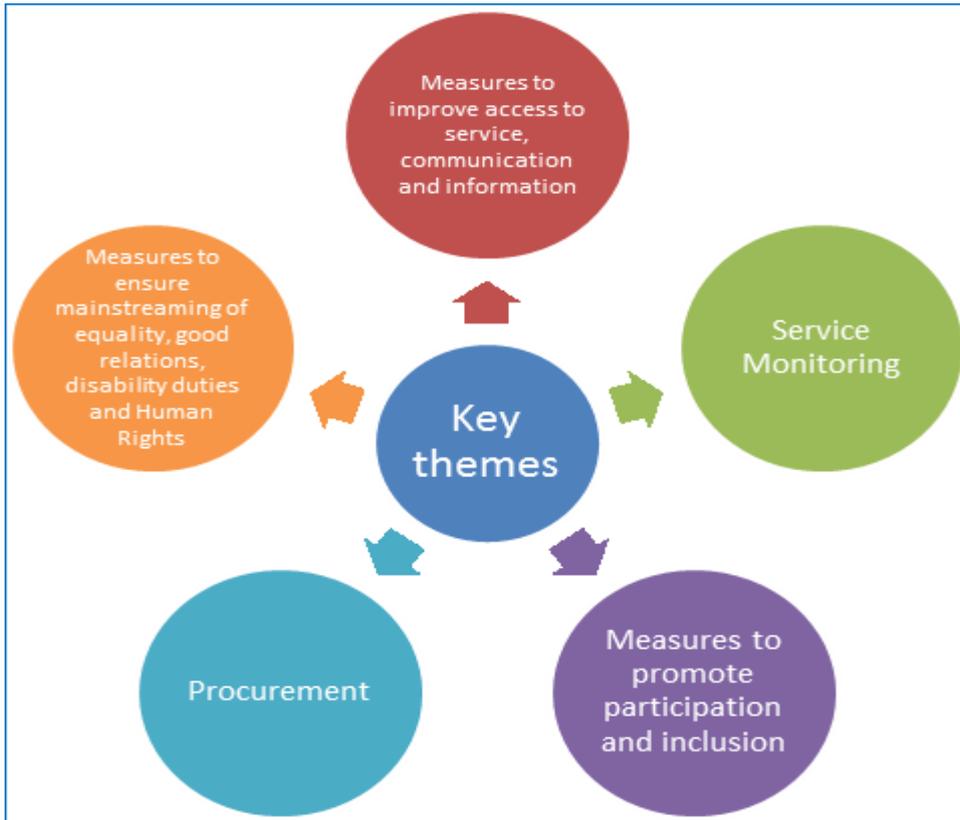
The Trust continues to monitor its staff across 11 equality groups (The nine S75 groups in addition to Community Background and Nationality). This has recently been enhanced by HRPTS Self-Service functions allowing staff direct access to update their data. During the reporting period the Trust used this monitoring information for all S75 screenings.

The following Information Systems will allow ethnic origin to be captured for service users: Child Health Information Service, NIMATS (Northern Ireland Maternity Service), SOS CARE, the Regional Sure Start Database, the Family Support Hub Monitoring and the Patient Administration System. The fact that the Trust already successfully monitors its staff by all nine equality groups indicates that Northern Ireland has entered a new phase of increasing diversity.

### **Implementation of Trust Section 75 action based plan to address Inequalities:**

The Trust continues to progress its actions within its three year action based plan to tackle inequalities, an update of which is contained in Section 2. The plan is divided into five cross cutting themes:

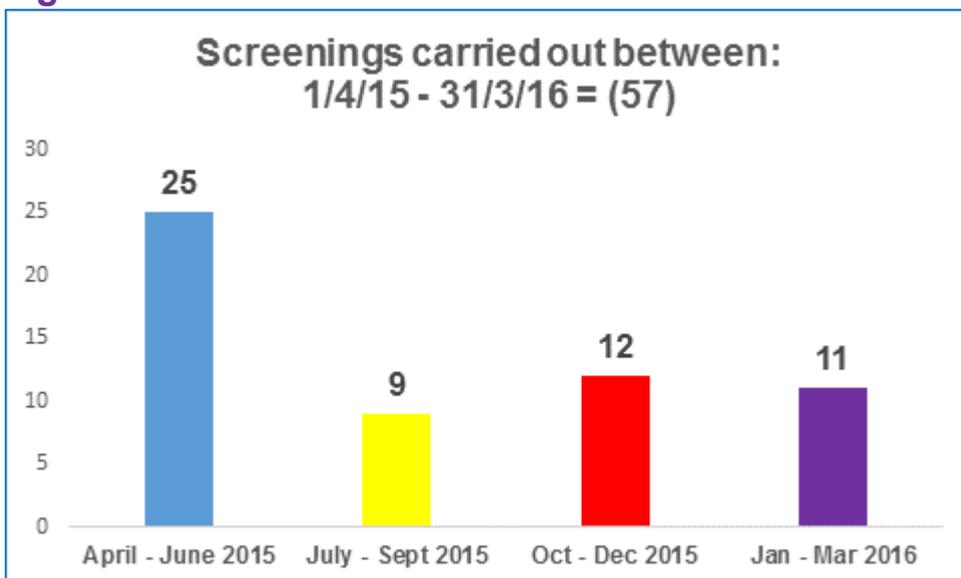
Figure 3:



**Screening and EQIA commitments:**

Belfast Trust conducted fifty-seven equality screenings during this reporting period and produced four quarterly screening outcome reports to ensure transparency and accountability. The Trust conducted three EQIAs as aforementioned and these were published online and subject to formal consultation.

Figure 4:



### **Revised Equality Screening Template Update:**

Within Belfast Trust and other HSC Trusts, experience had shown that the original screening template - somewhat adapted but based on the Commission's model template - meant that policy makers would have to consider the template from start to finish of its thirteen pages before being able to make a screening outcome decision. This meant that the same process for screening a proposal with potential major impact would apply as in the case a technical policy with no relevance or bearing on equality or good relations. With this in mind, Trusts suggested that the template could be amended to allow policy makers to consider Part A covering the four screening questions and readily screen out the policy at an early juncture if it was proved to have no impact on equality of opportunity or good relations. If the four questions showed that there was a bearing on either, then the policy maker would go on to complete a lengthier template and pay more attention to the consideration of the statutory duties. The Trusts felt that this would allow a more proportionate approach to be adopted in terms of the screening process.

Belfast Trust has been piloting a two-part screening template since January 2015. This was facilitated through ongoing engagement with the Equality Commission. The Trust provided assurances regarding communication of their intended pilot to their consultees that subject to the ECNI endorsement, the pilots would commence at the end of January 2015. The Trust availed of the opportunity to formally launch their new pilot template and guidance during Consultation and Communication workshops to coincide with the need to apply an equality and good relations lens to the raft of new savings proposals required as a result of the DHSSPS budget. The Trust had intended to conduct the pilot over six months initially but it was decided that a more extended period of time would be more conducive to assessing the effectiveness of the template and guidance and to ensuring that sufficient safeguards were in place.

Please see Part A, Section 3 for more information on this item.

### **Annual report on Complaints and Compliments:**

Belfast Trust welcomes and actively encourages Compliments, Suggestions, Comments and Complaints about our services. We recognise the importance of working with our patients, clients, their families, carers and others to deliver, develop and improve the services

we provide. To do this we need to listen, and take their views seriously. The Trust's Complaints Review Group provides assurance to the "Learning from Experience Steering Group" around all aspects of complaints and their management, including complaints made under the Children Order Complaints Procedure. Patients, their carers and their families can make a complaint or a compliment about the services received in person, by telephone or in writing.

The recurring theme in a number of recent reports including the 'Mid Staffordshire NHS Foundation Trust Public Inquiry' by Robert Francis Q.C. and the Donaldson Report highlight the need to listen and learn from our patients. Only then can we truly improve our patient experience.

This report<sup>2</sup> provides statistical information and commentary about the Belfast Trust's complaint handling for the year 2014/15. It includes details of the numbers of complaints and compliments received during the year, performance in responding to complaints, NI Ombudsman investigations, and actions taken by the Trust in response to complaints. The document is publicly available.

Complaints are recorded under thirty-eight category types which have been pre-defined regionally. A complaint can be recorded under one category or several categories, depending on the nature and complexity of the complaint. Analysis of this data helps us to identify any recurrent themes.

A total of 2,772 complaint subjects were raised by service users. The Top Five Subjects or reasons for service users to complain remain relatively unchanged from previous years; however it is notable that "Waiting List, Delay/Cancellation Planned Admission to Hospital" has increased.

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<sup>2</sup> Available online here - [http://www.belfasttrust.hscni.net/pdf/FINAL261015\\_Complaints\\_and\\_Compliments\\_Annual\\_Report\\_2014\\_to\\_2015.pdf](http://www.belfasttrust.hscni.net/pdf/FINAL261015_Complaints_and_Compliments_Annual_Report_2014_to_2015.pdf)

**Table 1:**

<b>Formal complaints – Top 5 subjects</b>
<b>Communication/Information</b>
<b>Treatment &amp; Care, Quality</b>
<b>Waiting List, Delay/Cancellation Outpatient Appointments</b>
<b>Staff Attitude/Behaviour</b>
<b>Waiting List, Delay/Cancellation Planned Admission to Hospital</b>

**Staff training (Full detail in Q24):**

Belfast Trust is committed to learning and development for its entire staff. Mandatory Equality Training is in place for all managers and staff, along with a suite of additional training comprising of Human Rights Awareness and Disability Awareness. Work is underway to revamp the current good relations training and encompass more elements of cultural diversity and migrant awareness in it. This work is being taken forward in partnership with some ethnic minority representatives.

Significant work has continued on the development of a regional HSC e-learning module covering Section 75, Equality and Human Rights as part of the existing Discovering Diversity e-learning package.

**Arrangements for ensuring and assessing public access to information and services we provide:**

As already alluded to, within the Disability Steering Group there are a number of sub groups – one of which focuses on accessible communication and information and another which focuses on exemplar facilities in terms of access. A design guide has been produced to act as a blueprint for all new building and for any refurbishments to existing buildings. This will ensure that all future new building projects and major refurbishments go beyond compliance in terms of accessibility, and that the views and experiences of the disability representative organisations are reflected.

[Making Communication Accessible](#) is a guide for HSC staff to enable them to better communicate with patients and service users with a range of disabilities. Belfast Trust led on the development and maintenance of the document on behalf of the regional HSC family and undertook a major review during this reporting period, ensuring the inclusion of up to date data and current best practice. More information is included later in this report. This Guide aims to go some way to removing communication barriers that can be experienced by some of our service users.

### **Publication and Review of Equality Scheme:**

Belfast Trust has published its Equality Scheme online and it is available in alternative formats on request. The Trust will review its Scheme in 2017.

The Trust remains one of the largest in the UK with an annual budget of almost £1.3 billion and over 20,000 staff. Belfast Health and Social Care Trust provides integrated health and social care and has defined its purpose as improving health and wellbeing and reducing health and social inequalities.

The Belfast Trust Corporate Plan for 2013 -2016 acknowledged that “as the largest provider, with a highly professional and skilled workforce providing local and regional services and with strong links to leading edge academic and research institutions through the Queen’s University of Belfast and the University of Ulster, the Trust is uniquely placed to deliver excellence in health and social care. The Trust’s ambition is to build on these strengths by ensuring that innovation and creativity are central to how the Trust takes forward service delivery and transformational change, using opportunities presented by technological advances and through strong working relationships with key partners and stakeholders. The Trust’s objectives can only be achieved with the help and support of the people who use our services, their families and carers, and our community, voluntary and independent sector partners.”

Belfast Health & Social Care Trust aims to become one of the best performing Trusts in the UK in terms of patient safety, patient experience and patient outcomes. Its Vision is to continuously improve health and social care delivery and foster innovation in pursuit of this goal. The Trust seeks to achieve the right balance between providing more health and social care in, or closer to, people's homes and supporting the specialist delivery of acute care, thereby delivering

positive outcomes for the people who use our services.

Belfast Trust values describe the character of our Trust and our aspirations going forward, the aim is for staff to be familiar with the values, embed these values in everything we do and be committed to “living these values.”

### Embedding Trust Values:

The Trust continues to facilitate ‘Values Workshops’ with staff groups, aimed at further embedding the Trust Values, and in particular to support teams to reflect on their collective behaviours and the extent to which they are aligned with our Values and ultimately support our commitment to provide safe, effective, compassionate and person centred care.

Embedding these Values is a key priority for the Trust as Values help define the overall culture of the organisation, what we do and how we do it. Increasingly, there is evidence to suggest that strong organisational values can lead to tangible improvements in performance including:

- Improvements in patient safety
- Improved patient experience
- Higher rates of staff wellbeing.



The Trust has also undertaken to further promote its Values widely. This has included, for example, producing flags/banners which are displayed on lampposts in a number of our sites.



respect & dignity



openness & trust



leading edge



learning & development



accountability

**Please find below a number of examples of the key policy and service delivery development in this reporting period to better promote the dual Section 75 statutory duties.**

**British Deaf Association / Emergency Department Engagement:**

The Trust engages with a wide range of community and voluntary groups. In response to a request from the British Deaf Association (BDA), the Health & Social Inequalities team facilitated a discussion between staff of the BDA and colleagues from our Emergency Departments. The aim was to have a discussion about barriers to access, communication and information that the BDA believed to affect their members when attending the Emergency Departments (i.e. people who are deaf/who have hearing loss).

This meeting resulted in the Trust holding an engagement event between BDA staff and members and staff and management representatives from Emergency Departments. This event was held at a mutually convenient date and time and was facilitated by the Trust's PPI Lead. At this event, the opportunity was taken to discuss barriers to access, information and communication and to look at potential solutions. A range of items were discussed in an open and engaging manner, allowing everyone present to have their say. It was a very useful and productive event in which ED staff could hear first-hand of the experiences, both positive and negative, of BDA members.



A key outcome of this engagement event was the arrangement of a one day training session for ED staff, to be delivered by BDA staff. This training is scheduled to take place in late June 2016 and will cover an introduction to deaf culture and a British Sign Language taster session. A number of frontline Managers from Outpatient Reception and outpatient booking teams will also be in attendance.

### Self-Directed Support:

Self-Directed Support is a new way of providing social care support that empowers individuals to have informed choice about how support is provided to them with a focus on working together to achieve individual outcomes (goals).

Self-Directed Support is being implemented across the five Health and Social Care Trusts to ensure that individuals who require social care support have choice, control and flexibility in the way that support is provided. It is available to those who have been assessed as being in need of social care support and meet the eligibility criteria. Belfast Trust continues to encourage and facilitate Self-Directed Support for clients who are eligible in order to promote the independence of our service users.

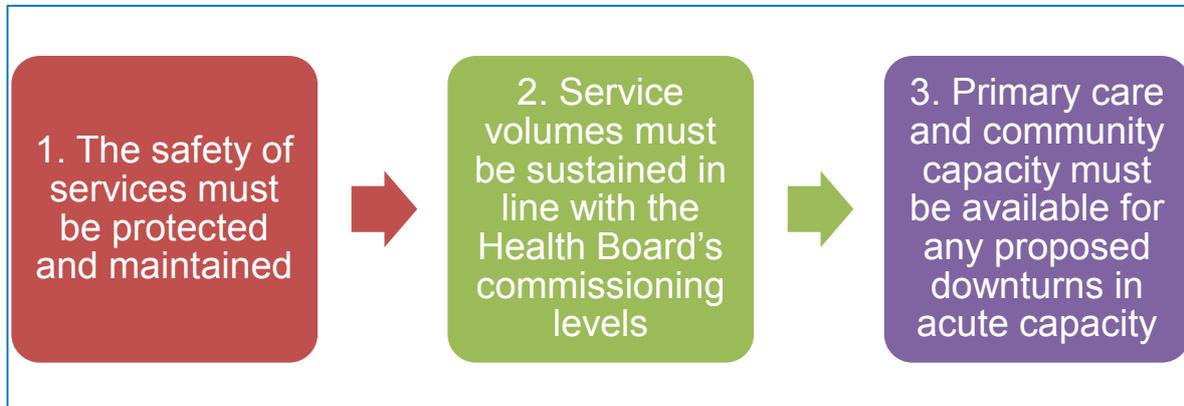


### Screening and EQIAs of cost savings:

Belfast Trust's savings and spending plans for 2015/16 are set in the context of the overarching DHSSPS financial plan for Health and Social Care across Northern Ireland. The Belfast Trust's share of the overall HSC savings target is £20.4m.

Within Belfast Trust, we have a well-established governance framework for the development and delivery of efficiency savings, the MORE programme – **Maximising Outcomes Resources and Efficiencies**.

In developing proposals to meet the £20.4m target, we adopted a number of key principles, as follows:

**Figure 5:**

The Trust developed its savings proposals in line with best practice guidance set out in its 'Good Practice Guidance on Consultation and Communication.' A preliminary high-level assessment of equality and human rights impacts was carried out by the Equality team on all proposals, details of which were published on the Trust's website. More detailed equality screenings of individual proposals were subsequently completed by Trust managers as part of the refinement and pre-implementation stages.

In addition, in accordance with commitments within our Equality Scheme, the Trust carried out an equality screening of the overall Reform and Efficiency Plan for 2015/16. Given the strategic nature of the Plan, the outcome of this review is to subject the Plan to ongoing screening. This decision is in line with the Equality Commission for Northern Ireland's guidelines, which state 'for detailed strategies or policies that are to be put in place, through a series of stages, a public authority should consider screening at various times during implementation.'

### **Public Consultation:**

The Trust is mindful of the legislation, best practice and guidance regarding consultation:

- Personal and Public Involvement (PPI)
- Equality – Section 75 statutory duties (including the Equality Commission for Northern Ireland guidance in December 2014 on

- government budget setting)
- DHSSPS Revised Guidance on Consultation 2014 – Change or Withdrawal of Services: Revised Guidance on Roles and responsibilities – 27 November 2014.

The Trust will continue to subject individual proposals within its Reform and Efficiency Plan to further robust equality screening, full equality impact assessments (EQIAs), and public consultations, where necessary and appropriate, as initiatives are further developed. The Trust acknowledges its obligations to take appropriate steps to mitigate any adverse impacts, and to consider alternative measures in furthering its S75 equality duties.

The Trust will continue to uphold and promote human rights across all its functions, and will ensure that respect for human rights is a core element within the decision-making processes relating to the Reform and Efficiency Plan for 2015/16.

In accordance with its Equality scheme, the Trust will prepare and publish the outcomes of its screening exercises on a quarterly basis on its website.

### **Smoke Free:**

The overall purpose of the Belfast Health and Social Care Trust is to “Improve health and wellbeing and reduce inequalities.” The Trust is committed to positively influencing the health and wellbeing of our staff, patients and visitors and acted on this commitment by implementing a smoke-free policy throughout all Trust sites including buildings, exits, entrances, Trust vehicles and grounds.

This policy designated all Trust workplace buildings, exits and entrances, Trust owned vehicles and grounds as Smoke Free areas from March 2016 with some very limited exemption arrangements which are consistent with current legislation and regulations. The policy applies to all employees of the Trust, all patients, clients, contractors, visitors, volunteers and members of the public using our facilities and services. The aim of the policy is:

- To promote the health and wellbeing of Trust staff, patients and visitors by establishing a Smoke Free environment
- To ensure all Trust buildings, vehicles and grounds are maintained as Smoke Free from March 2016

- To provide assistance for staff, volunteers, patients and clients who wish to stop smoking
- To comply with the Smoking (Northern Ireland) Order 2006
- To promote a culture of non-smoking within Belfast Trust's catchment population
- To set a positive and responsible corporate example to the public through our actions
- To reduce the effects of passive smoking
- To improve the environment and reduce littering that is associated with smoking
- To ensure that all patients, staff and visitors are informed of the Smoke Free policy and the expectation to comply.

The purpose of the Smoke Free Policy is to protect and improve the health and wellbeing of patients, employees and visitors by:

- Assisting patients and employees who wish to stop smoking
- Setting an example of best practice
- Providing a healthy environment.

A large-scale, lengthy promotional campaign took place to alert staff and service users to the change in Trust policy. Included in this was the production of information in easy-read format, principally for persons with a learning disability. Easy-read formats can also be of benefit to a person whose first language is not English.

Figure 6:



**Frequently Asked Questions ???** **free<sup>smoke</sup>**

 **What does Smoke Free mean?**  
No smoking or using e-cigarettes anywhere on Belfast Trust sites. This means inside Trust buildings, outside the doors, in the grounds, car parks. There are signs to remind people not to smoke.

 **Who is not allowed to smoke?**  
Everyone.  
This is for patients, service users, staff, people working on buildings, visitors, volunteers and members of the public.

 **Why are we becoming a Smoke Free Trust?**  
To protect and improve the health and wellbeing of everyone.  
✓ Help people who want to stop smoking  
✓ Set a good example  
✓ Provide a healthy environment.

 The Health Minister for Northern Ireland said that all Health and Social Care Trusts will be **Smoke Free** by March 2016.

Easy Read ‘Smoke Free FAQ’ document

**Online training:**

Given the sheer volume of staff across many disciplines and professions that the Trust employs, we recognise the need for the option of an online Equality training module for staff to overcome logistical barriers to accessing learning and development. To that end, significant work has been undertaken regionally to develop an interactive high-quality training package that is relevant to all health and social care staff across Northern Ireland. Two modules are being developed – one for core staff and additional resources for managers. It is intended that both modules

will be accessible by desktop, tablet and smartphone, thus encouraging greater uptake of this alternative to face-to-face training.

The training will primarily be scenario-based. The core module, entitled 'Making a Difference' focuses on recognising and respecting the different needs of colleagues and service users. The key themes on which the scenarios are based include disability, dignity, ethnicity and good relations. The training will also cover human rights.

The managers' module aims to assist managers across the organisation to take action to support staff, avoid discrimination and promote equality. It will focus on issues such as equality screening, ensuring staff needs are being met, mainstreaming equality and bullying and harassment, amongst others.

It is anticipated that this online Equality training package will be available for all staff in late 2016. The training will be monitored and reviewed as necessary in the future.

### **Human Rights Masterclass:**

In anticipation of the commencement of the pilot project in partnership with the NIHRC a Human Rights Masterclass was held in October 2015 with Directors, Co Directors and senior managers from across the organisation. This well-attended event, delivered by the NIHRC, was an opportunity to provide an introduction to human rights in health and social care for those present, and a fictional hospital setting was used as a case study for participants to work through. Feedback from this event was positive and constructive, allowing participants to employ human rights in their decision making processes. The event highlighted the interconnectivity between health and social care and human rights and demonstrated how rights can be used to add value and aid in difficult decision making.

The Masterclass was a first step in establishing a Human Rights Steering Group aimed at overseeing the Trust's work in this area.

### **Human Rights pilot project:**

As aforementioned, Belfast Trust is currently undertaking a pilot project in relation to human rights in Emergency Departments, in partnership with the Northern Ireland Human Rights Commission. A Project Coordinator is in place on a part-time basis, located within the Health &

Social Inequalities team.

In the reporting period, a large amount of preliminary preparatory work was undertaken, including the formation of the Steering Group and associated Terms of Reference, the Terms of Reference of a Working Group, discussions on the scope of the project and substantial research into human rights and health in relation to best practice, measuring outcomes and impacts etc. There has been significant co-working and planning with the NIHRC.

A promotional video was produced to introduce the project to Emergency Department staff. Other promotional materials such as infographics are also being explored.

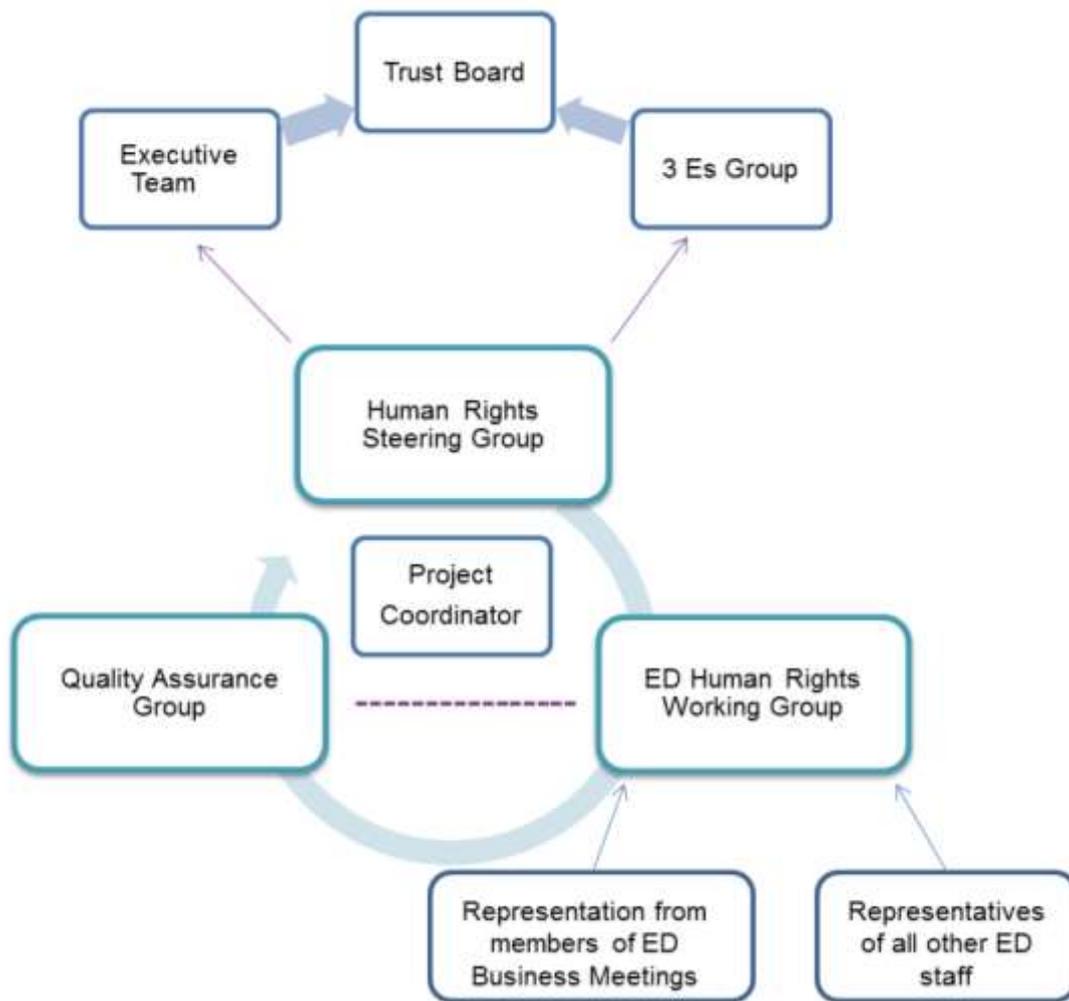
The project will have a significant focus on training. The direction of travel within the Trust as a whole is increasingly towards digital training, and as such, it is anticipated that most of the training under the pilot project will be online. Any training will be co-designed with staff members to ensure accuracy and relevance.

It is anticipated that the pilot project will produce the following outcomes:

1. A short film to introduce the project
2. Awareness raising materials such as infographics and briefings
3. HSC specific human rights online training tool
4. A suite of ED specific digital training tools including webinars
5. A Charter for patients and staff outlining what both groups can expect when in Emergency Departments
6. A tool/framework to assist in decision making/policy making within ED
7. A final report for shared learning.

The project structure is as follows:

Figure 7:



## **Equality, Human Rights & Good Practice in Procurement Workshop:**

Belfast Health & Social Care Trust has the highest identifiable public expenditure in Northern Ireland, with an annual budget of £1 billion, equating to a spend of roughly £3 million per day. Given this huge resource, and the fact that we deliver integrated health and social care to some of the most vulnerable people in society, it is incumbent on us to ensure that we consider the impact of equality and human rights in our expenditure and procurement processes.

To that end, the Health and Social Inequalities team organised a workshop for Trust staff on 3<sup>rd</sup> December 2015 entitled 'Equality, Human Rights and Good Practice.' This event intended to provide a practical overview of Good Practice in Contract and Procurement Management, and Equality and Human Rights in Contract & Procurement Management. The Workshop was very well attended by senior members of staff from across the Trust.

Participants heard expert input from a range of speakers including John Corey, Northern Ireland Human Rights Commissioner, who addressed the issue of human rights in public procurement. The Trust's Assistant Chief Legal Adviser/ Directorate of Legal Services then provided an overview of legal requirements involved, and the Head of Social Care Procurement at the Business Services Organisation spoke to Good Practice in Procurement. The Trust's Planning & Contracts Manager (BHSCT) closed the event.

Feedback from this event was excellent and indicated that attendees found it informative and very useful for their day to day work.

## Engagement with European Commission against Racism & Intolerance:

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE



A delegation of the European Commission against Racism and Intolerance (ECRI) visited the United Kingdom from 2 to 6 November 2015 as the first step in the preparation of a monitoring report. The European Commission against Racism and Intolerance (ECRI), established by the Council of Europe, is an independent human rights monitoring body specialised in questions relating to racism and intolerance. It is composed of independent and impartial members appointed on the basis of their moral authority and recognised expertise in dealing with racism, xenophobia, anti-Semitism and intolerance.

During its visit, ECRI's delegation gathered information on legislation, hate speech, violence, immigration and integration policies, as well as LGBT issues. The delegation held meetings in Belfast and London with representatives of the Governments of England, Scotland, Wales and Northern Ireland, independent bodies, international organisations and NGOs. The Commission's visit to Belfast was a one day trip which began with meetings with the Equality Commission and Non-Governmental Organisations and comprised meetings with governmental organisations.

Belfast Trust was invited to engage with the European Commission against Racism and Intolerance along with representatives from OFMDFM, the Department of Health, Department of Education, Department for Social Development and the Northern Ireland Housing Executive. The Trust provided evidence in terms of its progressive work with the Traveller and Roma communities respectively, its Northern Ireland New Entrants Service and its Good Relations Strategy.

## Regional Physical and Sensory Disability Strategy:

Belfast Trust has continued to be involved in the work of the regional Physical and Sensory Disability Strategy. A number of Trust staff are members of the recently reconfigured 'Supporting Independent Living, Information & Training' Workstream (SILIT). A Trust staff member is also Co-Chair of this Group. This Group meets regularly to progress a defined set of workplan priorities, focused on the following key themes:

**Figure 8:**



Belfast Trust accessed funding from the HSCB, under the auspices of the Physical & Sensory Disability Strategy to print 3,000 copies of our 'Making Communication Accessible' document for HSC staff regionally. As noted elsewhere, this document was launched, in partnership with all HSC and PSDS colleagues, in June 2016. The regional Physical and Sensory Disability Strategy logo is prominently displayed on the cover of the Guide.

Other priorities for the PSDS workstreams have been the creation of an online sensory e-learning package for all Health & Social Care staff. It is anticipated that this package will go live in July 2016 and will be subject to monitoring and review. In addition, the SILIT Workstream will be considering how each of the Trusts can harmonise their Disability Awareness training sessions for staff. This will have a direct and beneficial impact on the training that the Trust's Health & Social

Inequalities teams provide.

### **Celebration of notable relevant 'World Days':**

The Trust recognises and celebrates a number of 'World Days' in a number of ways. In terms of communicating these significant events with staff, over the reporting period, the internal intranet system drew staff attention to the following:

- World Aids Day
- LGBT Awareness Week
- World Mental Health Day
- World Autism Week.



By displaying these, we also take the opportunity to inform staff of ongoing relevant Trust initiatives in that particular area.

### **Northern Ireland Health and Social Care Interpreting Service (NIHSCIS):**

The primary aim of NIHSCIS is to significantly improve access to health and social care for patients who do not speak English as a first or competent second language.

The Health and Social Care Board (HSCB) commissioned a review of the Regional Interpreting and Translation Services provided in Northern Ireland to assess the need for and to evaluate the current model of provision of face to face and telephone interpreting, including service delivery and funding arrangements. The Trust's Health and Social Inequalities Manager has been part of the review having managed the Interpreting Service over a considerable period of time.

The final outcome report made nine recommendations for change to the delivery of the Northern Ireland Health and Social Care Interpreting Service, as follows:

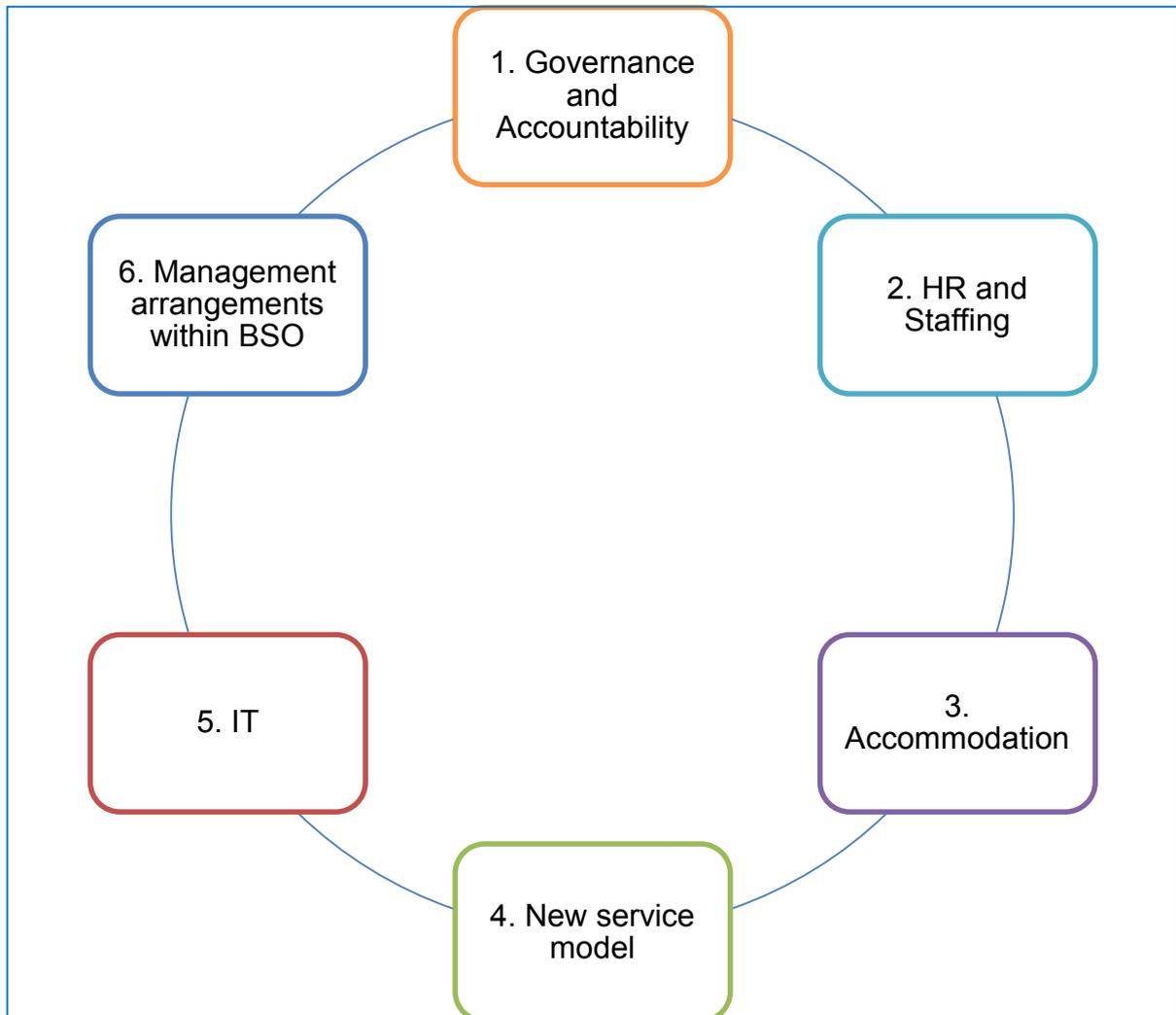
1. Appropriate actions should be taken to re-profile usage to achieve a more appropriate balance of face to face and telephone interpreting. This should include development of clear guidance to ensure the appropriate use of the various forms of interpreting by Health and Social Care professionals.
2. Clear guidance should be developed to ensure appropriate use of

written translation services by Health and Social Care professionals.

3. Interpreting and written translation services should be delivered on the basis of a regional shared service, provided by the Business Services Organisation.
4. All face to face and telephone interpreting services should be funded centrally and be accessible to all Health and Social Care organisations as well as GPs, dental practitioners and community pharmacists.
5. A regional advisory group, reporting to the Health and Social Care Board, should be established to oversee the development and delivery of interpreting and translation services including governance and accountability issues. The group should include patient and client representation.
6. Interpreters should be required to pay an appropriate annual registration fee; the income generated should be used to provide additional resource as deemed necessary by the service provider.
7. Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology.
8. An interpreting portal should be developed to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests.
9. Consistent and relevant data sets should be developed to ensure effective performance management, including information on referral source, assignment type and service response.

Further, the review predicted that there would be an annual 15% increase in activity for the following three years with the Regional Interpreting Service costs rising to £3.8 million by March 2016 compared to the current 2013 core budget position of £1.4 million.

These recommendations were divided into six core project workstreams in order to ensure the effective implementation of the review. These project workstreams were:

**Figure 9:**

The Interpreting Service has now undergone the transition from being located within, and managed by the Belfast Trust, to working as part of the Business Services Organisation (BSO). The Interpreting Services web-based portal system was implemented across the region in January 2016. All Trust staff and GP practices now access the service via their local intranet pages. Dental surgeries will be able to access the service post April 2016 once a regional project to give them HSC access is completed. Any queries about accessing the system or booking interpreters are managed and responded to by the NIHSC Interpreting Services team. The new online booking system is live and has proved to be an efficient and highly effective means of arranging face to face interpreting services.

The introduction of the new system has led to a number of cost savings

and has the potential to realise further reduction in spend, such as:

- Redeployment of finance staff Paperless office in NIHSCIS, paperless process for interpreters, paperless process in finance
- Reduction in the risk of potential fraudulent claims
- Reduction in double bookings and cancellation costs (system notifications and quickened process)
- Potential to reduce need for agency staff.

The new HSC online Interpreting booking portal went live on 20<sup>th</sup> January 2016 following successful implementation across the five HSC Trusts and GP Services. To date more than 10,000 HSC Staff and Practitioners have registered to use the system and over 54,618 bookings have been submitted for appointments up to December 2016.

The NIHSC Interpreting Service Team are now at full complement with an internal management structure permanently in place. All posts are filled and the team are based in a permanent office space within the main BSO building.

A follow-on audit of the NIHSC Interpreting Service took place in February 2016 and has been returned as 'satisfactory.'

NIHSCIS Interpreters are professionally trained and adhere to a Business Services Organisation Terms of Engagement for Interpreters.

The Terms of Engagement outlines HSC Interpreters key roles and responsibilities when undertaking work through NIHSCIS.

Interpreters are bound by confidentiality and provide their services on a 24/7 basis. NIHSCIS has 300 interpreters registered in 36 different languages. Demand for interpreting continues to increase on an annual basis with over 98,000 requests for interpreters processed during 2015-16 and 97% of bookings successfully fulfilled.

Belfast Trust also uses 'The Big Word' for telephone interpreting services, which is used when a face-to-face interpreter is not required.



thebigword

### **Improving Patient Experience and Accessing Care through Teamwork ( IMPACT):**

Launched by the Trust Medical Director, Dr Cathy Jack, the IMPACT project continues to progress its aim of empowering seven clinical teams, supported by experienced managers, to design and deliver the necessary changes across the Trust.

An Unscheduled Care service which delivers a timely, quality experience to patients/clients, carers and staff is the number one Trust priority and essential to our goal of becoming one of the best performing Trusts in the UK in terms of patient safety, patient experience, and patient outcomes.



Now in its second year, the project has made significant improvements to the area of Unscheduled Care. The positive impact of the new Clinical Assessment Unit, Ambulatory Care Centre and relocated Discharge Lounge has been highlighted by patients, families, staff and visitors.

### **Access to Health and Social Care:**

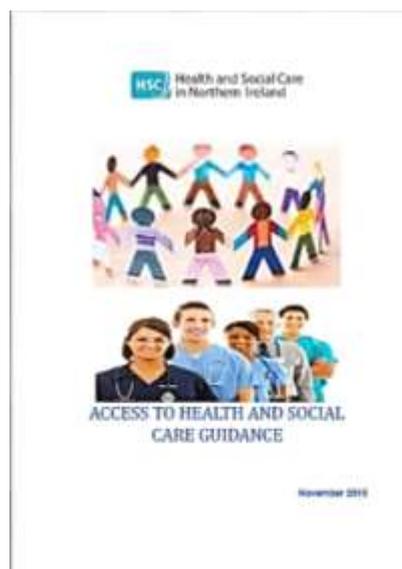
In 2015, Belfast Trust produced a comprehensive Guide on behalf of the region to enable access to health and social care for people who are new to Northern Ireland. Arriving in a different country can be an overwhelming experience and this booklet aims to inform people who have recently arrived here about health and social care services and

how to access them.

The comprehensive and informative Guide includes information such as eligibility for free treatment, accessing a medical card, finding a GP practice, medication/prescription information, minor injuries units, hospitals, the Northern Ireland New Entrants Service and how to make a complaint.

This Guide was translated into the following ten languages:

- Polish
- Portuguese
- Lithuanian
- Arabic
- Farsi
- Somali
- Romanian
- Russian
- Bulgarian
- Latvian.



The booklets have proved to be a useful and welcomed resource and have been used by the Syrian refugees who came to Northern Ireland in 2016.

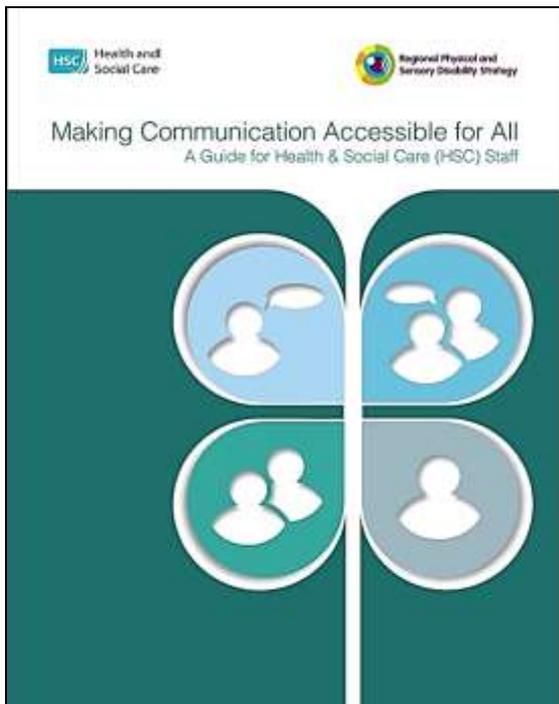
### **Making Communication Accessible:**

Cognisant of the importance of ensuring that people who avail of health and social care services can understand the information they are given and can communicate effectively with the practitioner, a resource was developed to assist HSC staff to ensure people get the support with communication that they need.

Within the regional Disability Action Plan 2014-2017, HSC Trusts committed to review this guidance on an annual basis. Belfast HSC Trust committed to lead on this annual review and worked in partnership with a range of disability representative organisations to provide input and quality assurance of the revised document.

Significant work was undertaken to update the resource including a full

re-design. All representative organisations were involved, ensuring that the revised resource contains updated information and advice on best practice. The new booklet is colour-coded for ease of reference and printed in clear, simple language in A4 format. In addition, the Trust purchased a licence for an online software programme called 'PageTiger' which enables us to provide an accessible version of the Guide online with a page-turning facility. PageTiger documents are compatible with screen readers and ensure the document is as accessible as possible. The Guide is also provided in PDF format for printing purposes if required.



Discussions with Action on Hearing Loss, Royal National Institute for the Blind and other HSC organisations identified the need to have such good practice resources in a central online portal and HSC Trusts along with the Business Services Organisation, Health and Social Care Board, Publish Health Agency and RNIB and Action on Hearing Loss will collectively host this online portal of good practice on their respective websites.

The Making Communication Accessible Guide can be accessed online via the Trust website:

[http://www.belfasttrust.hscni.net/pdf/Making\\_Communication\\_Accessible\\_11\\_sml\\_.pdf](http://www.belfasttrust.hscni.net/pdf/Making_Communication_Accessible_11_sml_.pdf)

The organisations who participated in developing this resource include:



The Guide was officially launched at a regional level in Knockbracken Hall, Belfast Trust, in June 2016 during a celebration of accessible communication across the Health and Social Care system.



The resource was endorsed by Mr Martin Bradley, one of the Non-Executive Directors of Belfast Trust and by the Equality Commission.



Speaking at the event, David Galloway, Director RNIB NI and Co-Chair of the Physical and Sensory Disability Strategy Supporting Independent Living, Information & Training Workstream, said: “Long after today, this guide will provide a useful reference point to staff across health and social care. It will ensure that people with communication difficulties receive written and oral information in a way that is easily understood. The guide demonstrates how, by making a small effort, and taking the time to communicate better we can make a big difference to people’s

lives.”

Orla Barron, Health and Social Inequalities Manager took the opportunity to discuss the importance of partnership working with service users and people with disabilities in helping to achieve meaningful outcomes from the Disability Action Plan. Making Communication Accessible exemplifies how successful this approach can be.



Patrice Hardy, Equality Manager from the ECNI presented on the Commission’s Every Customer Counts campaign.



Neill Birnie was one of the presenters at the event and highlighted the importance of responsive and accessible communication and meaningful engagement with service users by sharing his own personal experience and communication methods.

The art of communicating effectively through dance and music was eloquently manifested through a series of dances from Orbit Dance Troupe. The dancers who attend Mount Oriel Day Centre and Orchardville Adult, Education, Training and Resource Centre, Belfast Health and Social Care Trust, come together weekly, building new dance skills and creating dance for the purpose of performance and fun at the Arts Care Dance Studio, Knockbracken Healthcare Park.



Alison Irwin, Equality Lead at Northern Trust co-presented with her colleague Torie Tennant on Accessible Engagement. The two work effectively together and co-chair the Disability Consultation Panel within the Northern Trust.



There was also input from an RQIA inspector who talked about the use of peer inspectors of mental health and learning disability facilities. Southern Trust colleagues talked about their newly established group called European Deaf Group and the need to support them. The Public Health Agency showcased their regional initiative 'I can Cook It' to help develop the cooking skills of people with learning disabilities.

Paul Magowan, Equality Officer of Mencap and member of Belfast Trust's Disability Steering Group completed the event with the top ten tips on Communicating with a person with a learning disability. There was also an opportunity for participants to visit the stands highlighting sensory support resources, good practice on communicating with people with Dementia and the 'My Journey, My Voice' exhibition as provided by the Royal College of Speech and Language Therapists.

### **Healthy Relations for a Healthy Future:**

The Belfast Trust organised and was involved in a range of initiatives throughout the year as part of the implementation of the Trust Good Relation Strategy and action plan "Healthy Relations for a Healthy Future." The following paragraphs give a flavour of some of the initiatives undertaken:

### **Migrant Awareness Training:**

Through its partnership working with Belfast City Council and the South Belfast Round Table on Racism (SBRTR), a number of Trust staff attended a two day Migrant Awareness training course which is now delivered to Trust staff throughout the year. In June the Trust, in partnership with the SBRTR, delivered a joint Migrant Awareness Training session to Trust staff. The SBRTR also delivered a talk to the Trust Good Relations Strategic Group on the Joint Programme of Support provided to the Syrian Refugees by a range of statutory and voluntary organisations. Elements of the Migrant Awareness training have now been assimilated into a specific training module which incorporates elements of good relations, racism, discrimination and stereotyping.

### **Community Relations Week:**

Belfast Trust organised a range of activities to celebrate Community Relations Week in September. A 'Myths and Facts' information

programme was highlighted each day during the week for Trust staff and the public on the Trust Hub and website. The information provided addressed a number of myths and facts relating to religion, employment, unemployment, racism and culture.

### **‘Welcoming Diversity’ Art Unveiling:**

The highlight of Community Relations Week, however, was the unveiling of the ‘Welcoming Diversity Art’ by the Trust Chief Executive, Dr Michael McBride at Shankill Wellbeing and Treatment Centre. The Art evolved from Good Relations focus groups held at the Trust’s seven Wellbeing and Treatment Centres to provide an opportunity for staff and service users to tell the Trust how they felt it could ensure that each of its Wellbeing and Treatments Centres were welcoming shared spaces for everyone irrespective of race, religion or political opinion. Art was chosen as a medium through which the local communities and service users could express their unique religion, culture and background. Participants from a diverse range of backgrounds attended an ‘Art Fest’ morning to create the impressive art pieces using imprints of their hands and other symbols to create a piece of art which depicted all religions and cultures ensuring a warm message of welcome to everyone that entered each Centre. The word ‘Welcome’ appeared in the art in twenty-nine languages. The art is displayed in each of the Trust Wellbeing buildings across Belfast.

A range of service users and distinguished guests including Councillor Arder Carson, the Lord Mayor of Belfast, Dr Michael Wardlow the Chief Commissioner from the Equality Commission for Northern Ireland, Dympna McGlade, Director of Policy at the Community Relations Council and Helen Shields, Artist in Residence, Artscare attended the launch and were treated to a carnival of culture including an ethnic fusion of dance, music and song provided by St Mary’s Primary School Choir, South Asian Dance Academy and African and Polish dance and music band, Nalongo.

Speaking at the unveiling of the art, Belfast Trust Chief Executive, Dr Michael McBride highlighted the link between equality and good relations, stating, “*The promotion of good relations and equality are intrinsically linked to the Trust’s overall purpose of improving health and social care and reducing health inequalities.*” After the event, Dr McBride added “*An absolutely fantastic event. You should all be very proud - I was.*”

Following the launch, the Trust was commended on this excellent work by the Equality Manager – Public Sector at the Equality Commission, who noted, *“Having read the Good Relations Strategy and newsletter updates in more detail, before the event and seeing the reality of what the good relations work involves, motivated me to write to you to acknowledge, on behalf of the Commission the fact that the Belfast Trust was indeed the first Health Trust to lead the way in 2012 in developing a good relations strategy and steering group; something which we are keen that other Trusts consider and we have had some recent discussions in this regard.*

*Congratulations to the Trust and all involved in this good relations project and the great launch event. I have raised the Trusts good relations work with my line Director...Please pass on my thanks and congratulations to your colleagues also involved with this work and thank you again for the invitation.”*





**Good Relations Bulletin:** Available to download at <http://www.belfasttrust.hscni.net/2251.htm>

One of the outcomes of the Good Relations focus groups held by the Trust which was strongly articulated by attendees was the need for the Trust to produce a news sheet or bulletin which highlighted work the Trust was involved with, in terms of the promotion of good relations. Following presentations by the Trust at the good relations workshops, participants expressed surprise at the amount and range of work that the Trust was involved in and stated that much of the news and information in the public arena regarding the Trust was usually “bad news” and that a news bulletin would address this area in terms of the public and the Trust. To date five Bi- annual news bulletins have been published, one of which is normally published to coincide with Community Relations week. The bulletins provide a source of articles, features and services which promote good relations. Voluntary and community groups can also highlight work relating to health in the bi-annual bulletins. The bulletins are disseminated to 450 community and voluntary groups as well as political parties, Wellbeing and Treatment Centres and libraries. The bulletin has received a range of positive feedback including a Belfast Councillor who said *“I just wanted to ask you to pass on my congratulations re the very informative Good Relations bulletin. As a relatively new Councillor to Belfast, it has given*

*me very valuable information about the work of BHSCT and diversity.”*  
The Cedar Foundation said, *“Thank you! What a great and positive newsletter.”*

### **Equality Commission:**

Following the distribution of the Trust Good Relations Strategy, Bi-annual bulletins and the unveiling of the art work event, the Equality Commission contacted the Trust to invite the Trust to take part in a podcast which was to be shown to a range of public authority organisations across Northern Ireland to highlight examples of good practice in promoting good relations.

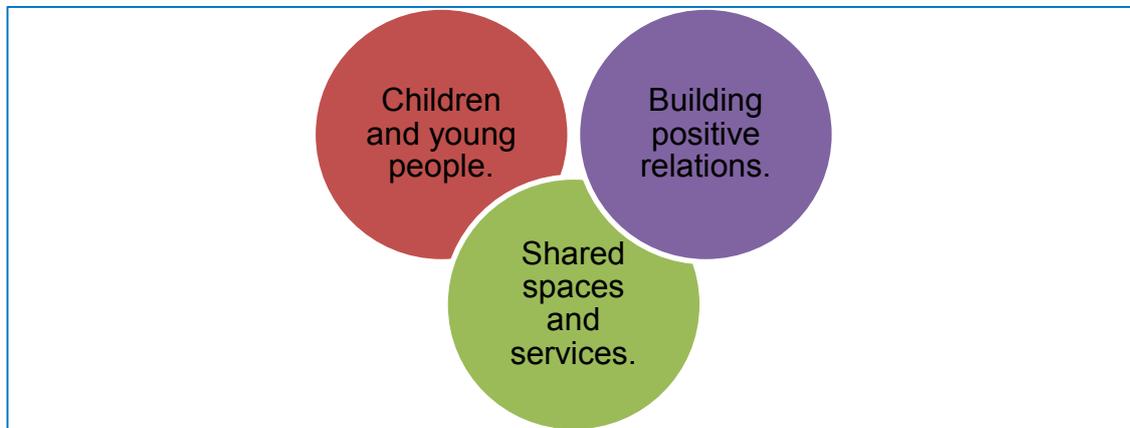
### **Welcome Pack:**

A consultation process is currently ongoing with a number of BME groups in relation to a Translated Welcome Pack for Trust Wellbeing and Treatment Centres. The pack includes information in the top five most used languages within Belfast Trust on a range of areas including, services provided in each centre, an interpreting flow chart, first steps to accessing health and social care, information and guidance for refugees and asylum seekers and an ethnic monitoring leaflet. Staff in the Wellbeing and Treatment Centres will receive information on how to best use and distribute the pack with the primary aim of improving access to health and social care for BME communities.

### **Belfast City Council and Belfast Trust Partnership:**

Belfast Trust is a partner on the Belfast City Council’s Community Relations Department’s Shared City Partnership. This is made up of a range of statutory and voluntary organisations whose role is to coordinate/monitor the Council’s Community Relations programme and related funding programmes. The Trust worked with the Council to host a Peace IV workshop to explore the possibility of the Trust working in partnership with the Council and other organisations to develop projects linked to a number of priority themes including:

**Figure 10:**



Trust staff from a range of directorates attended the workshop and fed back a number of ideas to council representatives. An outcome report will be provided over the next year.

### **Anti-Racism Week:**

Belfast Trust took the opportunity during Anti-Racism Week to provide information stands at each of the Wellbeing and Treatment Centres. Information on the stands included initiatives and projects that the Trust is involved in to promote equality, good relations and human rights for BME users. Initiatives included the Trust nurse-led Northern Ireland New Entrants Service which provides health and social care support to new immigrants, asylum seekers and refugees entering Northern.

During Anti-Racism Week the Trust also provided Migrant Awareness training for staff, and daily articles were put on the Trust Hub regarding Myths and Facts in terms of migration.

### **Strategies to promote Traveller & Roma Health in Belfast Trust:**

The work carried out by the Trust in relation to the Trust Strategy on Travellers and other projects with BME service users in partnership with other organisations such as the Public Health Agency and Bryson An Munia Tober was highlighted at a conference in June at Grosvenor House. The event was attended by a range of statutory and voluntary agencies who were provided with presentations and individual experiences of service users on the work carried out to ensure the communities experience equality of access to health and social care and

do not experience inequalities. Delegates gathered in workshops to: identify strengths and gaps in working with Traveller and BME communities to inform future service provision; and explore best practice in working with Traveller and BME groups to enhance access. The Trust Director of Adult Social and Primary Care, Catherine McNicholl reported on a range of projects aimed at reducing health inequalities including the development of the Good Relations Strategy, Traveller Health Strategy, The Northern Ireland New Entrants Service, the BME Mental health Tool Kit, Traveller & Roma health projects, BME carers and older people's projects. However, she also alluded to the need to work with more recently arrived Somalians and Syrians. Ms McNicholl concluded by acknowledging that much of the pioneering work has been spearheaded by the Trust Community Development and Health & Social Inequalities teams, supported by the PHA.

### **Belfast Trust Carers Strategy:**

Work is underway to develop the second Strategy for carer support across Belfast. The previous Strategy has been reviewed and updated in recognition of the changing demographic projections, which predict greater demand for unpaid care in the future, as well as the changing policy and legislative framework for health and social care in Northern Ireland.

A Strategy Planning Group was formed in September 2015 to develop a new Carers Strategy for Belfast Trust. This new Strategy is written in recognition of the important contribution made by family carers. It is estimated that the current value of the care that they provide in Belfast equates to £942 million.

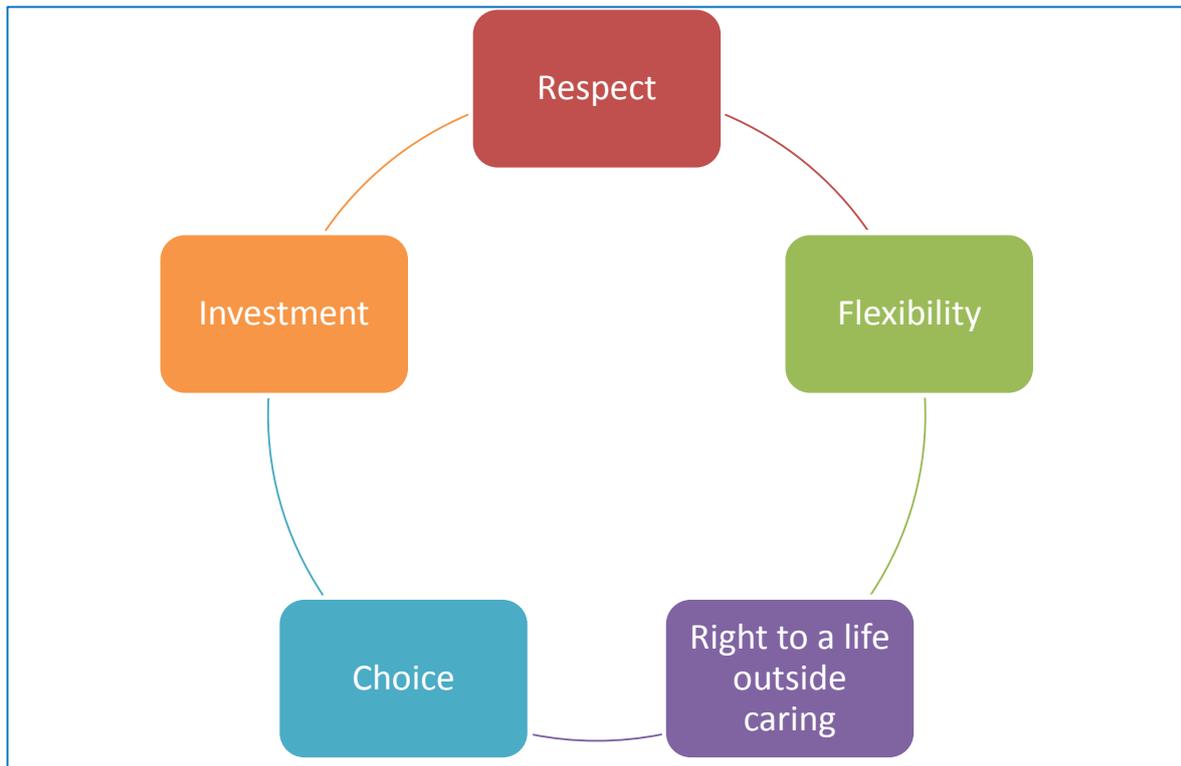
Carers have been working together with us to develop a range of service improvements that support better outcomes, those that carers want and deserve.

Between the Census carried out in Northern Ireland (NI) in 2001 and 2015 it is estimated that there was an increase of 6.5% in the number of people in the Belfast Trust area who identified themselves as carers [Carers UK: Valuing Carers 2015]. Our Carers Strategy will deliver the highest quality support for carers living in the Belfast area. Carers will be at the heart of our health service, alongside the people they care for, and they will be respected as expert care partners, with their support services being tailored to their individual needs.

Carers will be able to have a life of their own alongside their caring role, and be supported to stay mentally and physically well, being treated with dignity. Children and young people will also be protected from inappropriate caring roles.

The regional principles from Valuing Carers (2002) which has been incorporated into our work with carers are:

**Figure 11:**

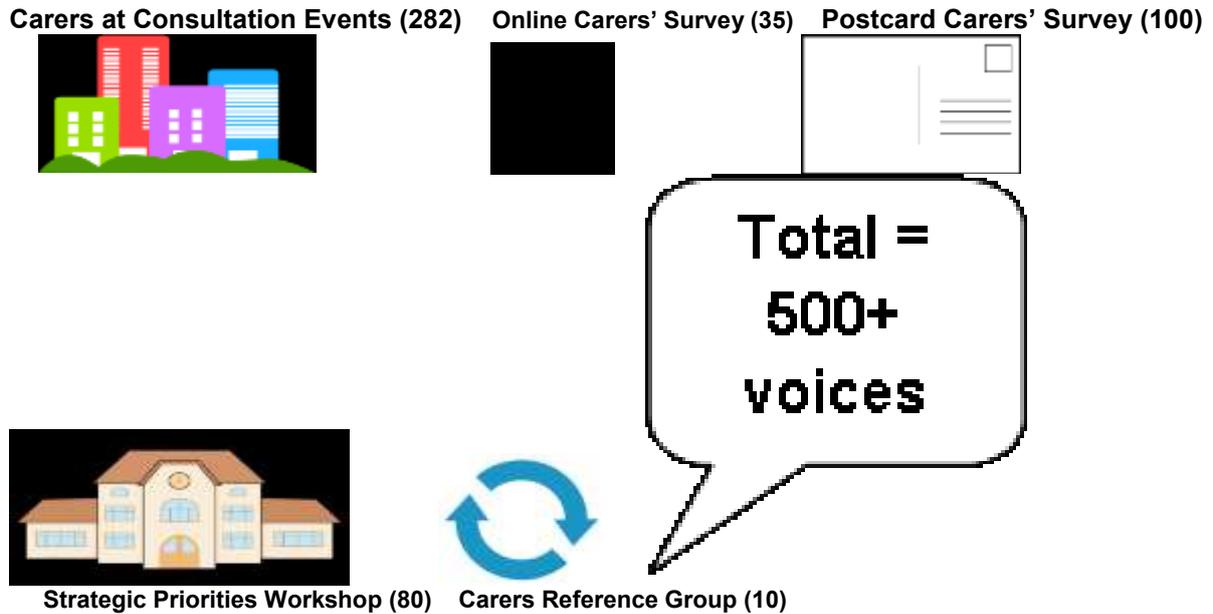


The priorities for the new Carers Strategy are centred on reaching carers of all ages, developing carer support pathways, supporting carer health and well-being, and communicating with and involving carers.

**Developing Our New Plan:**

In writing the new plan the Trust looked at what was achieved in the last plan and what still needed some further work. Good examples of carer support were identified in other areas. Lots of people, including carers, were engaged and asked what they thought was important to include in a plan for carer support. The Trust has greatly benefited from the support and input from Carers, staff and organisations who helped us to write our new plan.

**Figure 12:**



The following have been identified as our key priorities.

They are:

- **Reaching Carers of all ages**
- **Developing Carer Support Pathways**
- **Supporting Carers Health & Well-being**
- **Communicating with and Involving Carers**

When the Strategy is finalised, it will be available on the Trust's website and a user-friendly version will also be produced.

**Shopmobility:**



Patients and visitors with restricted mobility have been availing of the free Shopmobility service at the Royal Hospitals for eight years now. Celebrations to mark the event were held in June in the foyer of the Royal Hospital.

Patients and visitors were able to view the mechanised scooters and self-propelling wheelchairs that are available to hire free of charge to assist them getting to their appointment and around the hospital. To date, 5,400 service users have availed of the scheme which is located adjacent to the accessible car parking bays in the public car park. The aim of the scheme is to assist people with restricted mobility to enjoy equality of access to services. The service increases the independence of patients enabling them to reach their destination within the hospital safely and with dignity.

The celebration was attended by the Trust Director of Performance, Planning and Informatics, Shane Devlin and the Trust Director of Human Resources and Organisational Development, Damian McAlister, who acknowledged the importance of the service for users with a disability, "The Trust is committed to reducing health inequalities and ensuring that all service users have equality of access to services. The service provided by Shopmobility enables the Trust to fulfill that commitment."

Key to the success of providing the Shopmobility service is "Partnership working" according to the Director of Shopmobility Belfast, Julie Guilar. "The partnership approach adopted by the Trust and Shopmobility was pivotal to the establishment of the service and its continued success. Each organisation utilises its own resources and expertise resulting in patients and visitors with a disability being able to hire scooters or wheelchairs when they visit the Hospital."

One service user, who uses the service on a regular basis, highlighted the benefits for patients, "Shopmobility is a blessing; I really don't know what I would do without it or how I would get about. It really helps me to keep independent and not rely on family or friends. I also use the Shopmobility service in Belfast to enable me to go shopping and do simple things that I used to take for granted."

Feedback from a survey carried out at the RVH in February this year revealed that 94% of those interviewed said the service was 'excellent.' Shopmobility volunteers work in partnership with the Belfast Trust volunteer service and have provided training to Trust volunteers on working with patients and users with limited mobility. The Trust is

currently planning to open a Shopmobility service at Belfast City Hospital to ensure that service users with restricted mobility experience equality of opportunity to services.

### **New workshops for Dementia Carers:**

The Trust, in partnership with the Alzheimer's Society, run workshops for people who either work with, or have personal family and friends who support someone diagnosed with dementia. Together they deliver a new Carer Information and Support Programme in Belfast for families affected by Dementia (**CrISP**). The Trust provides the Society with funding to offer five bespoke workshops to help support Dementia carers to feel more able and knowledgeable in managing the illness.

### **About the Workshops:**

- **Week 1 - Welcome session** - Get people talking to each other about their experience so far with regards to dementia
- **Week 2 – Dementia Overview** – What does it mean to have a Dementia Diagnosis, Break down some of the myths
- **Week 3 – Legal and Financial** – EPA, controllership, mental capacity. What does it all mean and how do they find where they stand legally?
- **Week 4 – Providing Support and Care** – What does the world look like for someone with dementia? How is it different and how does this affect the care they provide?
- **Week 5 – Coping Day to Day** – How is the family and friends going to cope with the diagnosis? What services are available to help?

Belfast Trust is cognisant of its responsibilities to uphold and promote equality of opportunity for both service users and staff. Some of the internal initiatives are detailed below:



The Trust continues to maximise the effectiveness of its workforce by working towards the elimination of prejudice and discrimination. We have successfully completed the second year of three in the current Employment Equality and Diversity Plan which is designed to ensure equality is embedded across our organisation and that our employment practices are fair, flexible and enabling so that each member of staff can reach their full potential.

The Plan's 4 key objectives are outlined below;

**Figure 13:**



The objectives of the Plan are met through a number of key actions. A summary of the 2015-16 key actions is provided below.

## 1) Equality Training for Staff:

The uptake of mandatory equality training increased significantly during the period from **1414** in 2014-15 to **2581** in 2015-16.

To promote attendance at training and compliance with the mandatory requirement each Trust Directorate was provided with an analysis of attendance levels at mandatory equality training including rates of cancellations. Using this data under-performing areas were targeted for bespoke training at locations and times convenient to the Service Group. During the year over 600 staff were trained in this way.

In addition during the year the Trust's equality teams worked collaboratively to launch an e-learning programme with an accompanying video resource and training manual.

Figure 14:



An additional menu of equality training for staff and managers continues to be provided by the Trust's Equality Teams.

## 2) Equality Monitoring:

The Trust continues to encourage staff to update their equality details on the employee self-service portal of HRPTS to increase the reliability of reporting data. Disclosure levels have increased across the equality groups

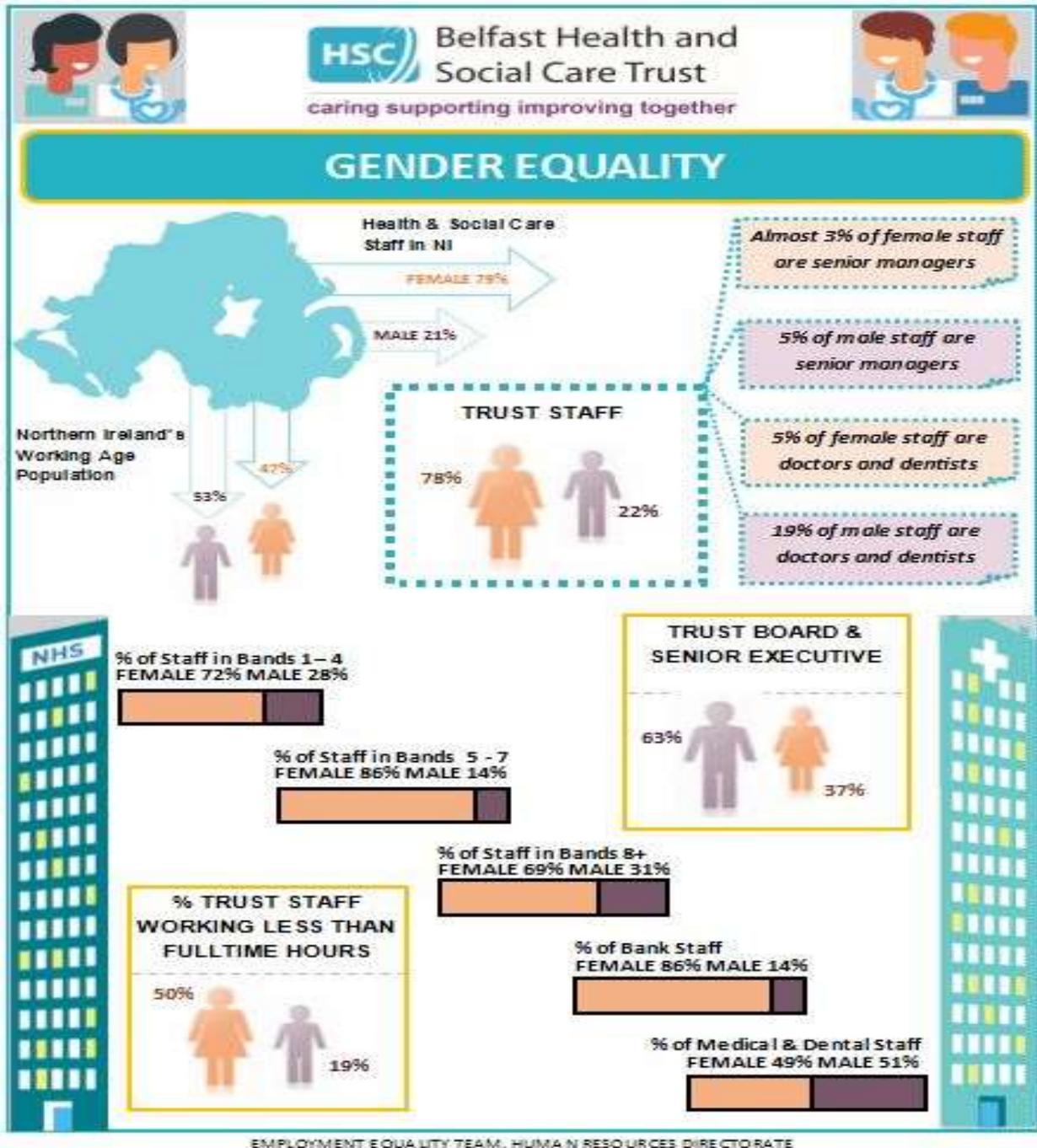


during the year.

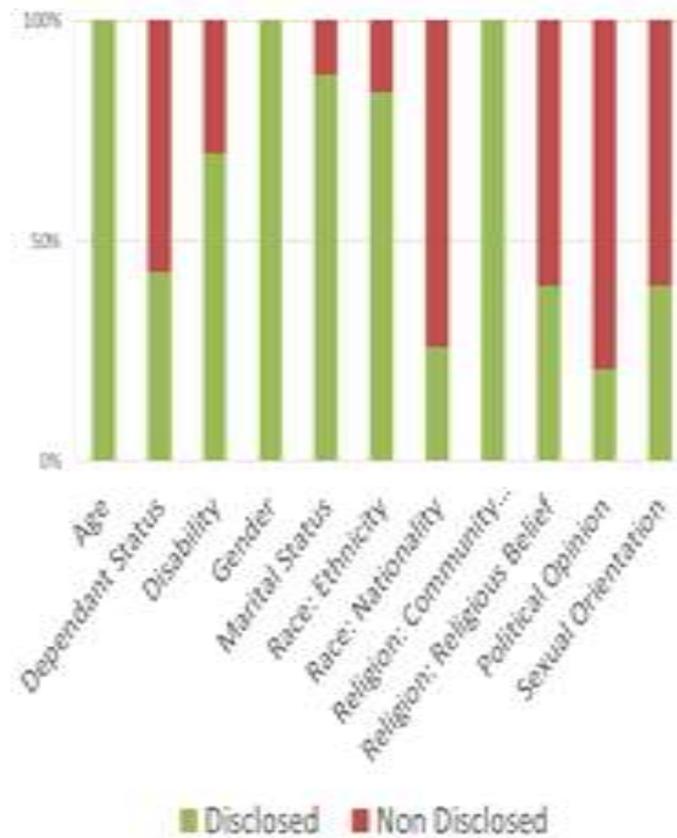
Equality data is collected across the following categories outlined in the table below.

Equality Monitoring Data – Levels of Disclosure

Figure 15:



**Figure 16:**



One area where the Trust has full levels of disclosure is in the area of gender allowing for more detailed analysis across Trust directorates and job bands.

This info-graphic provides some overarching analysis and benchmarking of gender data.

The Trust reports annually to the Equality Commission on its gender and community background workforce profile.

A detailed analysis of community background data is conducted across Trust locations on a 3 yearly basis with the findings of the report informing the Trust’s Affirmative Action Programme.

**3) Staff Survey:**

The Trust participated in the third Regional HSC Staff Survey between October and December 2015. 4264 Trust staff responded to the survey – a response rate of 19%. Overall the results have been positive with some significant improvements since the 2012 survey. 95% of respondents stated that the Trust acts fairly with regard to employment regardless of equality differences and 94% advised that they are aware of the Trust’s Equality Policies.

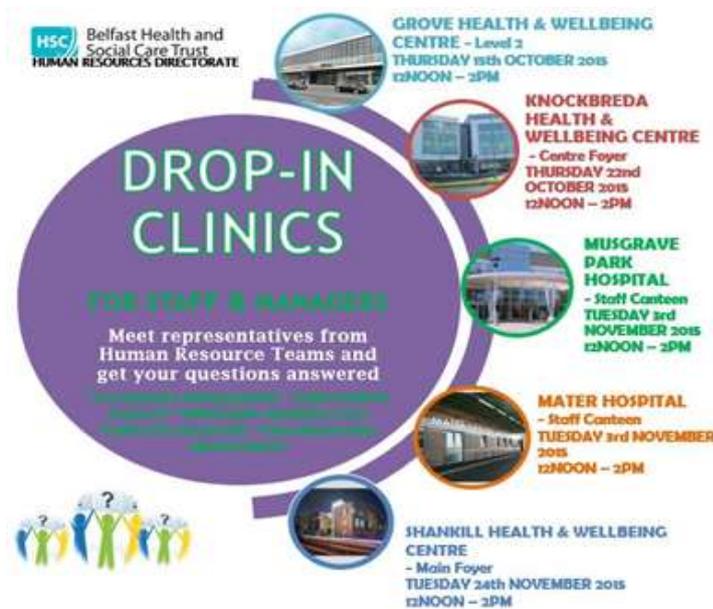


4% of respondents advised however that they had personally experienced discrimination from patients, relatives of members of the public and 7% had experienced discrimination from their manager, team leader or other colleagues.

The Trust will focus on sustaining progress and continuing to improve in all these areas before the next survey.

#### 4) Drop In Clinics for Staff and Managers:

Figure 17:



The HR team further developed its staff engagement strategy with a series of drop in events across Trust sites during the year. Staff and managers had the opportunity to have their questions answered and access a range of information on employment and equality issues.

#### 5) Regional Employment Equality Network:

The Trust continues to work collaboratively across the sector on employment equality issues. The purpose and role of the Network is to share employment equality good practice, to provide employment equality advice and support to other regional groups/partners and to work collectively to promote good practice. Over this past year the network has continued to work together to address equality reporting issues associated with the new HRPTS and E-Rec computer systems.

## 6) Investors in People:



The Trust successfully achieved Bronze Investors in People status in this reporting period – a major achievement for the organisation. This involved an additional evidence requirement entitled ‘Engaging, Involving and Empowering people’ – one of which was Equality and Diversity.

The evidence requirements in this area were as follows:

**Figure 18:**



The Trust's equality strategies were scrutinised as part of the bronze level IIP assessment process, with particular attention within the extended framework to employment equality and work life balance standards.

*The Trust's final assessment report noted, "Senior Leaders outlined the commitment to equality and diversity, both as an employer and a service provider. A wide range of supporting strategies continue to be implemented, reviewed and improved. Specific examples related to a new Employment and Equality and Diversity Plan, with progress reviewed annually by the Trust's Workforce, Governance and Policy Review Committee; Disability Action Plan; work placements and employability initiatives for people with disabilities; as well as investment in equality training for staff and equality monitoring."*

Figure 19:



Belfast Health and  
Social Care Trust



INVESTORS  
IN PEOPLE

## EQUALITY & DIVERSITY

### MANAGER'S ROLES AND RESPONSIBILITIES

1. To lead by example, valuing equality and diversity and championing Trust values.
2. To recognise the importance of equality and diversity to the achievement of organisational goals.
3. To recognise, value and take account of different needs, skills and life experiences of staff ensuring fair access to opportunities and creating an environment where people can use their unique talents and achieve their potential.
4. To ensure that staff for whom they are responsible are aware of and abide by the Trust's Equality and Diversity Policies and Procedures.
5. To actively address and manage equality issues in the workplace and ensure breaches of the Trust's Equality and Diversity Policies and Procedures are regarded as misconduct.
6. To facilitate staff attendance at mandatory Equality and Diversity training.
7. To regularly communicate and promote equality information and Support Services to staff.
8. To ensure staff are aware of their roles and responsibilities, acceptable and unacceptable behaviours in the workplace.
9. To promote a supportive, good and harmonious working environment and ensure no form of intimidation, bullying or harassment is tolerated.
10. To encourage staff to provide and update their equality monitoring data on HRPTS.



respect & dignity



openness & trust



leading edge



learning & development



accountability

## 7) Positive Action in Employment:

The Trust's Disability Action Plan (DAP) sets out the Trust's commitment to progressing equality of opportunity for disabled people who are applicants to the Trust, employees of the Trust and current staff who become disabled.

A Regional Framework on the Employment of People with Disabilities, Reasonable Adjustments and Disability Etiquette Guidance has been implemented.

The Trust continues to provide work experience opportunities for people with disabilities in partnership with a range of voluntary and community groups. In addition the Trust has continued to ringfence posts for people with disabilities within the area of Mental Health using the DEL Workable Scheme. The Equality Commission recognised this work in its publication 'Making Equality Work'. The Trust are currently looking at how this model could work in other Service Groups.



**'Making Equality Work'**  
Equality Commission Guide featuring the Trust as a Good Practice Employer.



The Trust is delighted to have been re-accredited in 2015 by Employers for Disability (NI) as an **Employer of Excellence** for its work on positive action for people with disabilities exceeding 90% compliance against the standards. The Trust is 1 of only 4 organisations in Northern Ireland to

achieve this standard.



The Trust, in conjunction with Business in the Community, has signed up to the 'Gender Project' – an innovative programme launched in December 2015 designed to promote agile organisations with men and women able to work in a way that encourages productivity and engagement.



The Trust is currently completing the baseline audit tool with a view to the development of an action plan by the end of this current year.

During the year the Trust has worked with the NHS Employers Working Longer Group to develop a toolkit to prepare organisations for the challenges and opportunities that an ageing workforce will bring. Implementation of the toolkit will commence during this current year.



### **8) S75 Duties in relation to Employment Equality:**

The Trust's Human Resources teams have continued to work collaboratively across the Trust to ensure employment equality considerations are reflected within policy and decision making processes including equality screening and impact assessments. We continue to use our reviewed screening template and note how it has improved the screening process overall.

### **9) Equality Networks & Support Services for Staff:**

The Trust continues to provide a wide range of networks and support for staff.

Figure 20:



During 2015-16, the LGB&T Health and Social Care Staff Forum continued to meet quarterly, in order to provide a safe, welcoming and open space for LGB&T staff to discuss a range of issues to promote visibility and inclusivity. Membership of the Forum continues to grow and is supported by a confidential mailing list which is managed by Public Health Agency (PHA).

During the year the Network group provided valuable feedback to the Trust on the development of a Gender Identity and Expression Employment Policy.

Meetings of the Forum are regularly advertised in Belfast HSC Trust via internal communication networks and are sent to all staff via e-mail. Posters to advertise Forum meetings are also placed in staff areas. The Trust intranet site also contains a link to the LGB&T website (<http://www.lgbtstaff.hscni.net/>) and a link to a dedicated LGB&T e-learning tool which has been developed entitled 'Creating Inclusive Workplaces' (<http://lgbtelearning.hscni.net/>), the tool aims to give participants a better understanding of LGB&T issues in the workplace.



### **LGBT Awareness Week 11<sup>th</sup> – 17<sup>th</sup> May 2015:**

Representatives of Belfast HSC Trust attended the launch of LGB&T Awareness Week, which took place in Belfast City Hall on 11 May 2015. This is an annual event and the main purpose is to raise awareness of stigma and discrimination faced by LGB&T communities worldwide. It also provides an opportunity to engage in dialogue with the media, policymakers, public opinion, and wider society. In Northern Ireland there were a range of events throughout the week place such as workshops, panel discussions and other events, all aimed at increasing awareness of policy and practice within health, social care and education as well as celebrating diversity.



To coincide with Pride 2015 in Belfast, information stalls were organised in Belfast HSC Trust hospitals; in the Mater Hospital (20 July 2015), Royal Victoria Hospital (27 July 2015), Belfast City Hospital (28 July 2016) and Musgrave Park Hospital (30 July 2015). All staff were also invited to take part in the Pride parade, to show support for LGB&T colleagues and service users.

The LGB&T Forum was nominated as a finalist for the inaugural Inclusive Network Awards which took place on Thursday 19 November 2015.

### **10) Policy Development: Gender Identity and Expression:**

The Trust, in partnership with colleagues in the SHSCT and BSO, has developed a regional Gender Identity Employment Policy. The draft policy will be considered by the regional HR Directors forum in advance of a public consultation exercise later in the year.

### **11) Improving Working Lives and Work Life Balance:**

As part of its Health and Wellbeing Strategy and Action Plan, the Trust has developed and taken forward a number of Improving Working Lives initiatives to contribute to the Trust being an Employer of Choice aiding recruitment and retention and promoting the wellbeing and health of staff. The Health and Wellbeing Steering Group ensures strategic leadership and direction to drive forward the promotion of a healthy workforce. It meets four times a year. It is chaired by the Director of Human Resources and ensures a collaborative approach with Occupational Health, Health Improvement, Health and Safety, Trade Unions and key Directorate leads all represented.

The Trust launched “b well” in November 2015, a new focus on wellbeing of staff. The project rationale was based on the large body of research connecting healthier staff with improved patient outcomes. By improving the health and wellbeing of our large workforce, they in turn can use the tools to share knowledge and support with their friends and communities, ultimately impacting on population health in Belfast. This innovative partnership initiative was recognised in the Irish News Workplace and Employment Awards in 2016 as winner of the Employee Wellbeing (Public Sector) category and received a highly commended accolade in the BITC Responsible Business Award for Workplace Health and Wellbeing.



See more on ‘b well’ in Figure 21 and Page 103, below.

Figure 21:



### Health Fairs for Staff:



Seven Health Fairs have taken place at sites across the Trust. The emphasis was on health and wellbeing and the key message was about the importance to take care and look after your health. On offer were blood pressure and cholesterol

checks in addition to stands providing information on Staff Care, the Staff Association, Here 4 U, Cycle to Work Scheme and the some of the Trust's Improving Working Lives initiatives. Health Fairs were attended by over 450 staff.

### Flexible Working:

The Trust's Workforce is 78% female, many with caring responsibilities and the provision of family friendly policies and other initiatives enable staff to balance both work and home commitments and improve their working lives. Eight work-life balance policies have been in place since 2009. A total number of 982 work life balance applications were made during 2015 with a 95% approval rate.

The Trust promotes work life balance via articles on the Hub and Links, the Belfast Trust Staff magazine.

In addition the Trust promotes Work Life Balance via articles on the Hub and Links, the Belfast Trust Staff magazine.

**Figure 22:**



### Annual Summer Scheme:



The Trust's annual summer scheme provided for 342 children of Trust staff in 2015.

- 93% of parents rated the scheme as either excellent or very good
- 89% of respondents said that they were able to use annual leave for holidays rather than childcare
- 93% said that they were able to work their usual hours over the summer period with 84% of parents stating that the scheme ensured that they did not have to take any unpaid leave.

## Employers for Childcare:

Over 800 employees benefited from the Employers for Childcare Vouchers scheme in 2015. The scheme provides a beneficial and cost saving method for employees to pay for registered childcare.



## 12) Statutory Duties under the Fair Employment and Treatment (NI) Order 1998:

The Trust completed and submitted to the Equality Commission its 2015 annual monitoring return. During the period the Trust reviewed the findings of its 2<sup>nd</sup> Fair Employment Article 55 Review with the Equality Commission for NI and their updated census data.

The Trust continues to implement the Fair Employment Affirmative Action programme developing further links with community groups city-wide to attract applicants and promote our organisation as an equal opportunities employer. This work is co-ordinated by the Trust's Long Term Unemployed Working Group involving staff, trade unions and citywide external partners. As part of our affirmative action programme we hosted two employability events with pre-employment and interview skills programmes in advance of a recruitment drive in the New Year. In addition the Long Term Unemployed Working Group in partnership with West Belfast Works is developing a 51 week work placement programme targeting the long term unemployed in our local community. The first programme is scheduled to commence in September 2016.



Implementation of the Employment Equality and Diversity Plan is reviewed annually by the Workforce Governance and Policy Review Committee.

## Domestic Abuse Support Service:

One in four women and one in seven men will experience domestic abuse at some time in their lives. With a workforce in excess of 20,000, the Trust recognises that domestic abuse could be impacting on a

significant proportion of our employees from any level or any discipline within the organisation. Conscious of the detrimental effect that domestic abuse has on an individual's overall health and well-being as well as their performance and attendance in work, the Trust has trained a range of support officers to be able to help any individual in the workplace who may be experiencing domestic abuse.



In December 2015 Belfast Trust marked the 7<sup>th</sup> anniversary of the launch of the domestic abuse support service for staff. The Trust chose Thursday 10<sup>th</sup> December which is used to commemorate Human Rights Day when the United Nations adopted the UN Declaration on Human Rights. Living free from abuse - be it physical, mental, emotional, sexual or financial - is a fundamental human right. Information stands on general health and wellbeing for staff will be in our acute hospitals. The Trust has printed its A4 domestic abuse support service calendar for 2016 which displays the contact details for the internal support service and for the regional domestic violence and sexual violence helpline. The Trust has also produced promotional items advertising the telephone number of the support service on stress balls, pens and shopping bags.

The information graph below produced by the Belfast Domestic Violence Partnership indicates that a domestic abuse incident happens every 19 minutes in Northern Ireland and that 3/4 women who experience domestic abuse continue to be targeted at work. Alarming to think of when we know that 1 in 4 women and 1 in 7 men live with domestic abuse. This exemplifies the need for a support service in the workplace.

Figure 23:

## DOMESTIC ABUSE IN THE WORKPLACE MAKE IT YOUR BUSINESS

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### Reality



One Domestic Abuse Incident every 19 minutes of every day across Northern Ireland

**75%** of abused women are targeted at work

**53%** of abused women miss at least 3 days of work a month



Cost to the N.I. Economy  
**€180m**  
a year

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### Raise Awareness in the Workplace

Communicate to all staff that your organisation has a Domestic Abuse Workplace Policy

Use posters, leaflets and helpline cards



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### Recognise the Problem

Look for sudden changes in behaviour and/or changes in the quality of work performance such as poor timekeeping and absentee levels for unexplained reasons despite a previously strong record

Look for changes in the way an employee dresses i.e. excessive clothing on hot days, changes in the amount of make-up worn




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### Respond

Believe an employee if they disclose experiencing domestic abuse

Reassure the employee that the organisation can and will offer support and that support is also available from their trade union representative

Discuss options such as changes to working times, relocation or redeployment

Divert phone calls and emails messages if an employee is receiving harassing calls

Agree with the employee what to tell colleagues and how they should respond if their ex/partner telephones or visits the workplace

Consider special leave for any appointments with support agencies

Ensure the employee does not work alone and that they can get safely from home to work





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### Respect

The right of staff to make their own decisions on the appropriate course of action at every stage

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### Record

Keep confidential records of any incidents of abuse in the workplace




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### Refer to Appropriate Support Services

Signpost to local Domestic Abuse Support services



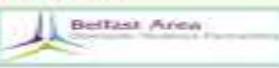
**0808 802 1414**

**Remember.....**  
Attempting to leave an abusive relationship may increase the risk to employees experiencing Domestic Violence

**IN AN EMERGENCY CALL 999**

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10 Abbey Park  
Belfast  
Tel: 0282 2682 144  
Fax: 0282 2682 174  
www.belfast.gov.uk



The support service is a completely free and confidential service and is available to any staff member. The domestic abuse service which is provided by the support officers (on a voluntary basis) seeks to

empower someone suffering domestic abuse by providing them with the necessary information and allowing them to make the decision as to whether they will take any action. Research shows that someone will be abused 33-35 times before they seek help – this support service is readily available to any member of staff looking for help.

### **Role of the Support Officer:**

A support officer is available to listen and provide information about external organisations and agencies that specialise in helping people who suffer from domestic abuse. In the workplace, the support officer can arrange for adjustments to be made – such as salary advance, change of location, change of contact details.

The Trust has been proactive in showcasing this best practice initiative and continues to share the model with other organisations who can adopt and adapt the model according to their size and resources. We showcased our Service to HSC colleagues from the Southern Health & Social Care trust as an example of best practice and have been approached to do likewise in the South Eastern Trust.

Belfast Trust continues to take part in the Belfast Area Domestic & Sexual Violence & Abuse Partnership. This partnership brings together agencies, organisations, groups and individuals who want to improve services and support for all victims of domestic & sexual violence and abuse.

In the coming year, we will be exploring how to further increase the reach of the Domestic Abuse Support Service. In addition, we hope to further promote the service, particularly to our new members of staff via Corporate Induction sessions. We have produced a range of promotional materials to raise awareness of the service, including stress balls, lip balms and reuseable shopper bags. Each of these contains the contact details for the Trust's Domestic Abuse Support Service telephone line, cleverly concealed in a barcode format.

We note that the scope of the DHSSPS strategy on Domestic Violence has been extended to include sexual violence and reference social media. To that end, we plan to update our workplace policy accordingly.

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2015-16 (*or append the plan with progress/examples identified*).

See appended the Section 75 action-based plan for 2014-2017. This is an accompanying document to Belfast Trust's Equality Scheme. This Plan includes measures which the Trust initiates, sponsors, participates in, encourages or facilitates. It also includes regional and local measures which the Trust will work in partnership with other Health and Social Care organisations, voluntary and community sector, trade unions etc. to achieve. The Trust has chosen measures and prioritised those that have the greatest impact on equality of opportunity and good relations.

Priorities in this Plan have been informed by the HSC Trusts' Regional Pre-Consultation Event held in March 2014, views and input from the disability sector arising from a twelve week formal consultation event , HSC Trusts' Emerging Themes Inequalities Audit as well as pre-existing workstreams currently being rolled out in the Trust to tackle inequalities within HSC. This Plan is designed to be flexible, adaptable and responsive to changing circumstances and needs and will be reviewed on an ongoing basis and annually via the Trust's Equality Scheme.

**3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2015-16 reporting period? *(tick one box only)*

- Yes
  No (go to Q.4)
  Not applicable (go to Q.4)

Please provide any details and examples:

The application of the Trust's Equality Scheme has resulted in changes to policy, practice and procedures and service delivery.

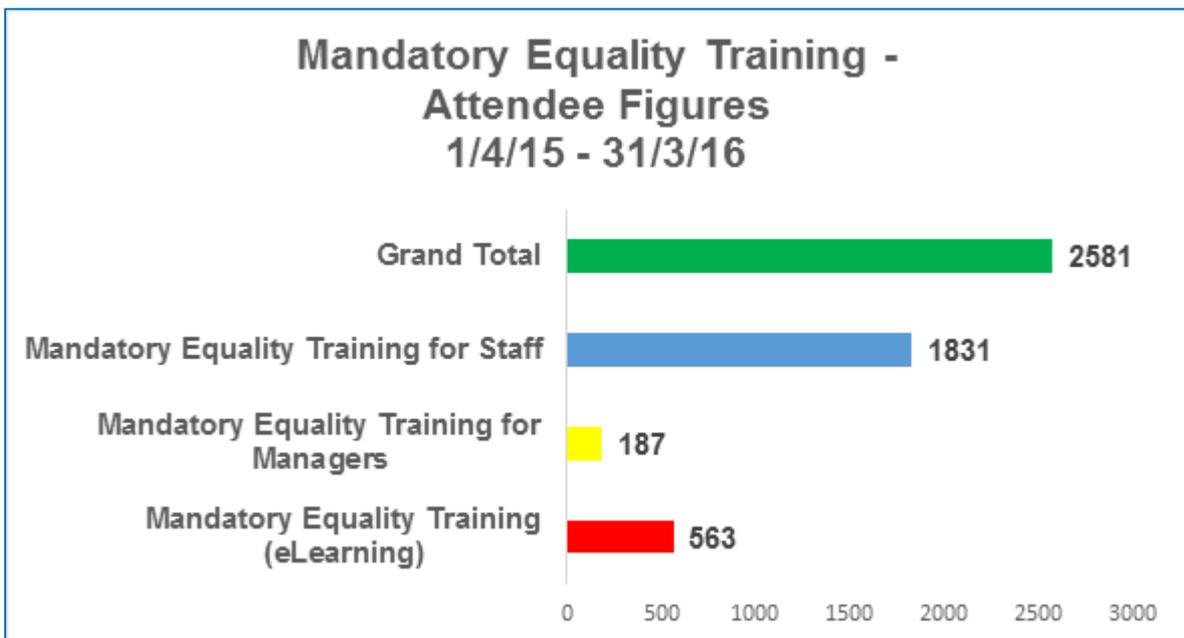
There follows some examples:

**Mandatory Equality Training:**

Equality training is mandatory for all staff and managers - over 2,500 staff attended the training during the course of the year. The session covers equality, human rights, disability and good relations. The programme has been reviewed and extended across community and hospital settings with compliance levels across directorates measured quarterly.

An online training option for staff with no line management responsibilities is now also available, enabling us to further cater for staff's needs and accommodate greater numbers for training.

**Figure 24: Equality training**



A [training manual](#) was produced in this reporting period to sit alongside the online training module. It is available online and via PageTiger, for increased accessibility. The training manual covers Equality, Good Relations, Human Rights, Harassment and Bullying and is a comprehensive guide for any staff member.

As highlighted in Figure 24 above, the Trust provides equality training through mandatory corporate induction training and through a range of vocational and developmental programmes.

Disability and reasonable adjustments training has been incorporated into the Trust's Attendance Management programme - a mandatory training programme for all Trust managers in addition to the development of a half day workshop for managers.

### **Amended Screening Template and Guidance:**

The Section 75 Screening Template and guidance are core instruments in the effective mainstreaming of equality and good relations into policy formulation, service provision and the far reaching programme of Reform and Modernisation. Feedback from practitioners across different disciplines was that the original template tended to be unwieldy and unnecessarily lengthy for those policies or proposals which had no bearing on equality or good relations.

As noted above, a new two-part screening template was piloted in Belfast trust across the reporting period.

Over the pilot period, a total of seventy-five equality screenings were completed with twenty-six of those screened out at Part A stage. Examples of policies that were screened out were 'Review of Waste Services and Electronic Data Records Management Systems.'

In February 2016 a survey questionnaire was conducted, comprising face to face/telephone and online discussions with managers and relevant staff within the Trust with responsibility for conducting equality screenings to gauge their experience with the new template and guidance and assess their views

### **Feedback from survey:**

In total, twenty managers responded. Overall 97% found the template easy to understand, complete, navigate and use, 2% stated it was hard to navigate and 1% found it confusing.

In general the majority (97%) of staff and managers that used the new template were happy with it. It is worth noting however, that the comments that described sections of the template difficult to navigate or did not flow well were provided by staff/managers that have used the template more frequently. Anecdotal feedback indicated that more training should be provided on equality screening (Note that this is contrary to the fact that uptake of the specific screening training has been low and also that mandatory training for managers and policy makers does incorporate screening).

The Trust is committed to continue to monitor appropriate usage of the template through the many existing mechanisms: partnership and one to one support with an equality manager, the Policy Committee (through which all policies have to be passed and will not proceed unless accompanied by the completed screening documentation), the tripartite signatures and the quarterly outcome reports.

The Trust has partaken in the research commissioned by the Equality Commission and undertaken by Dr John Kremer and Denise Wheatley in regard to screening and EQIAs. The purpose of this research was to consider the need to augment the processes in accordance with the renewed focus on good relations given the Together Building A United Community Strategy. In this independent review of recent practice in Section 75 and Equality Impact Assessment, the Trust's two-tier template was cited as an example of good practice as was use of a sign-off system and provision of guidance and training.

An outcome report on the screening pilot has been completed and shared with the Equality Commission for Northern Ireland for their consideration. The Trust remains committed to implementing best practice and advice from the Commission in regard to implementation of its Statutory Section 75 duties.

## Gender Identity and Expression Employment Policy:

As mentioned previously, a Gender Identity Employment Policy has been developed in the reporting period and will be the subject of a public consultation later in 2016.

- 3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

In addition to the fifty-seven screenings and three Equality Impact Assessments carried out during the reporting period as detailed earlier and hyperlinked here for ease of reference;

[http://www.belfasttrust.hscni.net/pdf/April\\_to\\_June\\_2015\\_Outcome\\_Report.pdf](http://www.belfasttrust.hscni.net/pdf/April_to_June_2015_Outcome_Report.pdf)

[http://www.belfasttrust.hscni.net/pdf/July\\_to\\_Sept\\_2015\\_Outcome\\_Report.pdf](http://www.belfasttrust.hscni.net/pdf/July_to_Sept_2015_Outcome_Report.pdf)

[http://www.belfasttrust.hscni.net/pdf/Oct\\_to\\_Dec\\_2015\\_2\\_Outcome\\_Report\\_screenings.pdf](http://www.belfasttrust.hscni.net/pdf/Oct_to_Dec_2015_2_Outcome_Report_screenings.pdf)

[http://www.belfasttrust.hscni.net/pdf/Jan\\_to\\_Mar\\_2016\\_Outcome\\_Report\\_screenings.pdf](http://www.belfasttrust.hscni.net/pdf/Jan_to_Mar_2016_Outcome_Report_screenings.pdf)

Belfast Trust has developed the following initiatives:

- The Human Rights pilot project in Emergency Departments
- Equality Bites newsletter
- Engagement sessions with the British Deaf Association, leading to the delivery of specific training for staff from Emergency departments
- Production of an Equality, Good Relations and Human Rights Manual as a training resource
- Development of the Making Communication Accessible Guide to assist staff when communicating with a person who has a disability

- A guide for staff on the UN Convention on the rights of Persons with Disabilities
- Development of a Welcome Pack for Health & Wellbeing centres
- Human rights and Procurement Workshops
- A Human Rights Masterclass for senior staff members.

**3b** What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

- ✓ As a result of the organisation's screening of a policy *(please give details):*

Introduction and review of Assistance Dogs Policy

Alternative methods of accessing cash office.

- ✓ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

Relocation of mental health services – service users were provided guided tour and met with staff and managers in new facility

Development of Good Relations Artwork

Two tier template

Creation of project implementation groups for both Mental Health and Learning Disability in regard to day opportunities

Non-closure of Trust day centres as a result of consultation.

- ✓ As a result of analysis from monitoring the impact *(please give details):*

Awaiting outcome of ongoing discussions regarding the impact of the smoke-free policy on mental health inpatients.

- ✓ As a result of changes to access to information and services *(please specify and give details):*

Production and translation of Access to Health and Social Care document in various languages

PART A

Translated Maternity website

Making Communication Accessible

Work on Translated Welcome Pack for health and wellbeing centres.

Other (*please specify and give details*):

## Section 2: Progress on Equality Scheme commitments and action plans/measures

### Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

**4** Were the Section 75 statutory duties integrated within job descriptions during the 2015-16 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

Please provide any details and examples:

Belfast Trust includes the following information on its job descriptions:

*General Responsibilities:*

*Employees of the Trust are required to promote and support the mission and vision of the service for which they are responsible and:*

- Adhere to Equality and Good Relations duties throughout the course of their employment.*

**5** Were the Section 75 statutory duties integrated within performance plans during the 2015-16 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

Please provide any details and examples:

Equality training is part of the statutory and mandatory training matrix. The Trust's statutory and mandatory training policy highlights the Trust's recognition that statutory and mandatory training is of vital importance in the provision of high quality services to our patients and clients and is essential for effective risk management and the maintenance of required standards. The highest levels of compliance are expected right across the organisation. All individual teams and departments are assessed in terms of their compliance with statutory and mandatory training through regular audits and information pertaining to compliance is included in every accountability review. Each Director, Co-Director and Senior Manager within the organisation receives a detailed report on compliance.

The national Knowledge and Skills Framework (KSF) is the process linked to annual development reviews of all Trust staff and personal development plans. Equality and diversity is one of the six Core Dimensions and it reflects a key aspect of all jobs and underpins all dimensions in the KSF. During the reporting period the Trust focused on completion of appraisals to ensure that staff have the knowledge and skills they need to do their job and that areas for development are identified.

**6** In the 2015-16 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning
- Yes, in some departments/jobs
- No, these are already mainstreamed through the organisation's ongoing corporate plan
- No, the organisation's planning cycle does not coincide with this 2015-16 report
- Not applicable.

Please provide any details and examples:

Within the Corporate Management Plan 2013-2016, the Trust committed to:

- Ensuring that people who use our services are fully involved in the commissioning, planning, design and review of service delivery;
- Working collaboratively with external stakeholders and partners to improve health and wellbeing and reduce health and social inequalities, identifying opportunities to address the underlying causes of life inequalities across the Belfast area;
- Working in partnership with Trade Union organisations to promote staff interests and maintain a stable industrial relations climate;
- Continuing to ensure the Trust meets its statutory duties under Section 75 of the NI Act 1998 and under Section 19 and 20 of the Health and Social Care Act to consult with the people who use our services;

In order to achieve these the following actions were to be undertaken during the three year period by the Trust, in partnership with community, voluntary and statutory organisations;

- To focus on the priority areas of the Belfast Strategic Partnership to address life inequalities
- To develop service partnerships, which will help drive developments in primary and community based care and treatment
- To strengthen our engagement processes, through the involvement of the people who use our services, carers and communities, MLAs, Trades Unions and Professional Associations and with other stakeholders;
- To listen to local communities and continue to work in partnership with them to develop health and social care services that meet their needs;
- To further develop our PPI (Patient and Public Involvement) arrangements within the Trust's Framework for User Involvement, 'Involving You', and embed accountability arrangements for PPI in the Trust;
- To actively pursue integrated working with primary care colleagues to deliver improved communication and better outcomes for the people who use our services;
- To develop the role and function of the Trust's Health and Social Inequalities and Partnership Forums;  
Partnerships
- To continue implementation of the Trust's Health Inequalities and Disability Action Plans together with applying the commitments set out within the Trust's Equality Scheme;
- To work in partnership with a wide range of employment initiatives in

support of groups and people who are furthest away from employment. These include the long-term unemployed in locally deprived areas within Belfast, young people in care and people with a disability;

The measures contained within the appended Section 75 action based plan to tackle inequalities are linked to the Trust's Corporate Planning Cycle to ensure that equality of opportunity and good relations are incorporated and mainstreamed at a strategic level into the business of the Trust.

Within the Human Resources Management Plan 2015-2016 the Trust underlined its commitment to equality and human rights by :

- Ensuring that both the standards and the principles of human rights are integrated into policymaking as well as the day to day running of the Trust.
- Successfully fulfilling commitments in Trust Good Relations strategy “Healthy Relations for a Healthy Future”
- Facilitating compliance with statutory duties in terms of Section 75 in regard to the Reform and Efficiency Plan and other modernisation projects
- Implementing S75 responsibilities in relation to employment equality

The Health & Social Inequalities team has also produced its own Management Plan which notes the key pieces of legislation which the team is responsible for implementing, and contains a wide range of activities and outputs for 2015-2016 covering the areas of equality, good relations and human rights.

### Equality action plans/measures

7 Within the 2015-16 reporting period, please indicate the **number** of:

Actions completed:	25	Actions ongoing:	2	Actions to commence:	2
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Please provide any details and examples (*in addition to question 2*):

All detailed extensively in action-based plan which is appended.

8 Please give details of changes or amendments made to the equality

action plan/measures during the 2015-16 reporting period (*points not identified in an appended plan*):

There are no changes, however any additional actions which may have been undertaken may not have been included in the plan, such as the training sessions hosted by the British Deaf Association for frontline members of staff in Emergency Departments.

**9** In reviewing progress on the equality action plan/action measures during the 2015-16 reporting period, the following have been identified: (*tick all that apply*)

- Continuing action(s), to progress the next stage addressing the known inequality
- Action(s) to address the known inequality in a different way
- Action(s) to address newly identified inequalities/recently prioritised inequalities
- Measures to address a prioritised inequality have been completed

### **Arrangements for consulting (Model Equality Scheme Chapter 3)**

**10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (*tick one box only*)

- All the time                       Sometimes                       Never

**11** Please provide any **details and examples of good practice** in consultation during the 2015-16 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

A range of good practice methods of consultation were employed by the Trust in the reporting period. An excellent example of this was when the Trust consulted on the delivery of Learning Disability Day Services for People Living in Belfast:

Given the nature of this consultation and the impact on a range of service users, it was imperative that the Trust provided information in a format that was understandable by the service users involved, their

families and carers and by staff members affected. A significant body of consultation work was undertaken.

In the first instance, the Trust produced the standard documentation and a summary version along with an Easy Read version of both the consultation document and the outcome report as well as an Easy Read version of a consultation questionnaire. Easy Read documents were expertly produced by Trust Speech & Language Therapists.

Talking mats, group discussions and non-verbal communication (such as gauging physical and emotional reactions) were all used to gain feedback. 'Talking Mats' were created as a further means of communicating with some service users with limited communication abilities. A Talking Mat provides a photographic/pictorial representation of the proposal and associated 'emotions.' Service users could point to their emotion, use gesturing, facial expressions etc. as a means of conveying how they felt about the proposal. Trained staff members facilitated these sessions, meaning that they could also interpret other cues from service users when discussing the proposed service changes. Service user responses were gathered by staff and signed by service users in their own signature style. The responses were returned in a number of alternative formats given the communication abilities of service users.

In addition to this specific and bespoke consultation with service users, a range of consultees across the nine equality groups and those listed in our equality scheme were notified about the consultation. Over 600 copies of the document was distributed as follows;

**Table 2:**

<b>Distribution of consultation document to the following:</b>
NI Assembly MLAs
Belfast City Council
Community and Voluntary Sector Organisations
Professional Bodies
Statutory Agencies
Trade Unions
Regional Quality Improvement Authority
Ethnic Minority Associations
Mater Hospital Trustees
Individual requests had 15 further copies issued

All consultees were also sent a letter setting out the purpose of the consultation and EQIA document, how to access the document online and how to request the information in alternative formats, including the Easy Read format, aforementioned. The consultation documents were also available on the Trust website and intranet.

### **Consultation Activity:**

#### **Meetings with Service Users and Carers:**

Service User Committee meetings were held within each statutory Learning Disability Day Support Service throughout Belfast. This provided service users within each service to discuss the contents of and formulate either an individual or group response to “A Consultation on Learning Disability Day Services for People Living in Belfast”. Meetings were held with service user representatives from each service throughout Belfast to discuss the process for service users who wished to engage in the consultation, the consultation process and the process for gathering responses to the consultation.

Carers of Learning Disability service users at Fallswater Centre were personally contacted by the relevant Learning Disability Senior Manager to discuss the consultation. In addition, evening meetings for carers were held in West, East, North and South Belfast areas during September and early October 2015. These meetings facilitated the sharing of information and the gathering of carers’ views on the proposal.

#### **Meetings with Staff:**

Briefing sessions were held by senior managers for all staff within Learning Disability Day Care at their local centres to share information on the proposal and timescales, and address any queries staff may have had regarding the proposal or process. Members of staff at the Fallswater facility were prioritised within this exercise, with a briefing conducted on the first day of the consultation period.

#### **Meetings with Public Representatives:**

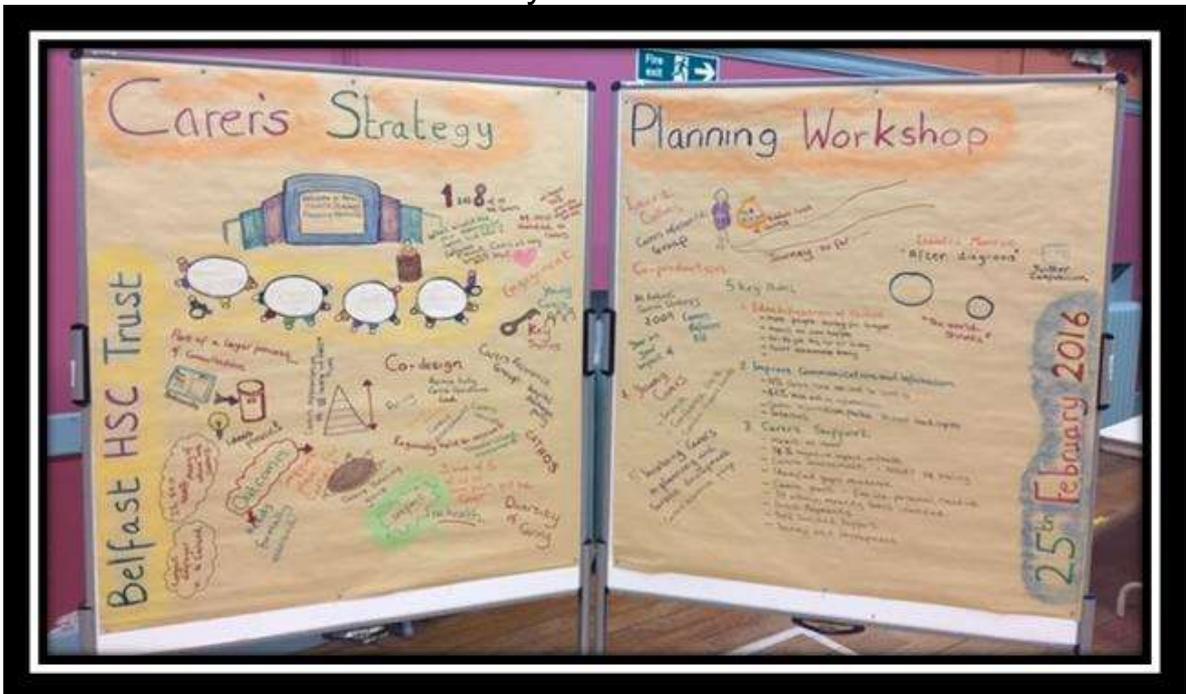
The Trust has proactively engaged with local community and political representatives (Councillors, MLAs, and MPs etc.) and offered

meetings to brief interested parties on the consultation proposals. Eighteen meetings were facilitated over the period of the consultation.

**Public Consultation Meetings:**

Two public consultation meetings took place on the afternoon of 15th (13 attendees) and the evening of 20th October (27 attendees) 2015 to outline the Learning Disability proposal, discuss the consultation process, address issues / questions and to encourage individuals to complete the consultation questionnaire. These were held at NICVA. Additionally, in the development of the Carers Strategy, mentioned earlier, a range of consultation methods were employed. A number of group discussions were held, including discussions with a BME carer group. Consultation postcards were created, allowing participants to note their comments and post in a suggestion box. There was also a bespoke staff survey for members of Trust staff who also have caring responsibilities, in order to ensure that their thoughts and suggestions were gathered and incorporated.

A large event was held comprising all key stakeholders. A poster ‘wall’ was continually updated as the day progressed, where key themes and points were illustrated and noted. Participants had a chance to talk about each area and a summary of each was illustrated on the wall.



**Carers Strategy Planning Workshop Wall Art**

## **New Acute Mental Health Inpatient Unit:**

Work has now begun on a new acute mental inpatient unit for Belfast, located on the Belfast City Hospital site. The new facility will provide seventy-four acute mental health beds and six Psychiatric Intensive Care beds to replace the current inpatient provision for greater Belfast which is spread across three separate sites. The facility will constitute a significant improvement in contrast to the three former acute inpatient units which were inherited by Belfast Health and Social Care Trust when the six legacy Trusts came together. The former facilities were not purpose built and were in need of significant refurbishment and renovation. A decision was made to submit a business case for one purpose built single unit for service users who needed acute inpatient treatment

The building will be a collection of units, arranged around a cloistered garden with eighty en-suite bedrooms and many more communal and staff areas. All aspects of the design have been considered, colours, lighting, materials, furniture, fixtures and fittings to ensure that the environment improves the service user inpatient experience.

Particular attention has been paid to those service users who have dependants and whose children will want to come and visit them whilst they are staying in the facility. This has resulted in the creation of Child Visiting rooms, whereby the design team considered research evidence and took into consideration recommendations from Trust policies, the Mental Health Directorate Child Visiting Policy and local and National directives along with guidance from Health Building Notes on the layout, planning and placement of Child Visiting rooms.

In the best interest of the visiting child and to allay any safety considerations there was consultation with staff, service user and care representatives and it was agreed that the Child Visiting rooms would be external to the ward area and placed within the reception corridor with good access, visibility and with staff close to hand if required. (see layout).

It was planned that this room should be designed to include a play area for children, with storage facility along with seating for children, adult visitors and patients.

This modern facility will support the development of the Belfast Trust's Acute Mental Health service and will offer high standards of treatment and evidence-based interventions for service users experiencing an

acute phase of mental illness. The service will work with the individual and their family/carer towards their recovery.

There has been significant service user engagement and involvement in the design of the New Acute Mental Health Inpatient Unit. It has always been a challenge to complement a recovery-enhancing environment that is also a safe environment for service users requiring Acute Inpatient care but we are well on our way to providing a 21st century modern and aesthetically pleasing and safe facility, as far as we can be, that will meet the needs of service users, their families and carers and staff. The extent and scale of the involvement was such that it was featured as an exemplar in best practice at a regional Personal and Public Involvement conference.



Many service users visited the mock-up bedroom and en-suite shower room built in the old Library within the Everton Complex. The Project and Design teams are pleased with the many responses and few suggested changes. Overall there has been a very positive response and most comment on the high standard of design and finish. It is envisaged that the facility will be ready for handover by the summer of 2017. The build will take 27 months to complete, the building should be complete by Winter 2018 and, with a period allowed for Commissioning of the building, staff and patients should be able to move in early 2019.

Figure 25:



**10,000 Voices:**

This is a Public Health Agency (PHA) initiative which gives the people of Northern Ireland an opportunity to provide feedback on their experiences of accessing Health and Social Care services. IT allows people to tell their story. The project aims to involve the public in shaping future healthcare services across Northern Ireland. Within the Trust interactive learning events across the Trust reflecting on patient stories were hosted to ensure that the learning was meaningful. The Trust recognises that effective involvement of patients and carers is central to the delivery of quality care and can lead to improvements in the experience of using services.



**12** In the 2015-16 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- Face to face meetings
- Focus groups
- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/out of the consultation
- Internet discussions
- Telephone consultations
- Other *(please specify)*: Social Media announcements

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

The uptake tends to depend on the nature of the consultation – for example Mental Health and Learning Disability recent consultations used a variety of methods of communication to ensure that there was equality of access to information e.g. summary versions, plain English, talking mats, easy read etc. This is already detailed in Question 11.

**13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2015-16 reporting period? *(tick one box only)*

- Yes       No       Not applicable

Please provide any details and examples:

Being an organisation that is committed to Learning and Development and Continuous Improvement, the Trust places a significant focus on staff training and awareness in terms of equality, good relations, disability and human rights.

The Trust uses consultation documents and consultation forums to engage with consultees. Alternative formats are also provided upon

request.

The Trust has a range of stakeholder forums and stakeholders who are represented on Trust steering groups e.g. Trust Disability Steering Group, Good Relations Steering Group, Carers Strategy Group, Sensory Support Forum and Learning Disability Forum.

- Production and dissemination of Good relations bi-annual bulletins.
- Policy screening and the quarterly screening outcome report.
- Production and dissemination of Annual Progress Report.
- Engagement and partnership working re Good Relations.
- Personal and Public Involvement training
- Public meetings
- Equality Bites is an annual update produced by the Health & Social Inequalities team which provides information on the ongoing and progressive work carried out by Belfast Trust to promote equality of opportunity and good relations.

**14** Was the consultation list reviewed during the 2015-16 reporting period?  
(tick one box only)

- Yes       No       Not applicable – no commitment to review

**Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)**

Belfast Trust publishes a quarterly screening outcome report with links to each individual screening, which can be found here:

<http://www.belfasttrust.hscni.net/about/2082.htm>

In addition, links to all public consultations can be found here:

<http://www.belfasttrust.hscni.net/about/Consultations.htm>

**15** Please provide the **number** of policies screened during the year (as recorded in screening reports):

57
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**16** Please provide the **number of assessments** that were consulted upon during 2015-16:

57	Policy consultations conducted with <b>screening</b> assessment presented.
3	Policy consultations conducted <b>with an equality impact assessment</b> (EQIA) presented.
0	Consultations for an <b>EQIA</b> alone.

**17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

1. Improving Dementia Services in west Belfast and Re provision of Ballyowen EMI Residential Home for a Supported Housing Model for people with dementia
2. Consultation on the Delivery of Mental Health Day Services for People Living in Belfast
3. A Consultation on the Delivery of Learning Disability Day Services for People Living in Belfast.

Pre-consultation and engagement also took place prior to the formal consultation on the proposal re re Improving Ophthalmology Outpatient Services and Consultation on Development of Ophthalmic Clinical Centres in Northern, Southern and South Eastern Local Commissioning Group/Trust Areas

**18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? (*tick one box only*)

Yes      ✓ No concerns were raised       No       Not applicable

**19** Following decisions on a policy, were the results of any EQIAs published during the 2015-16 reporting period? (*tick one box only*)

✓ Yes       No       Not applicable

Please provide any details and examples:

Improving Dementia Services in west Belfast and Re-provision of Ballyowen EMI Residential Home for a Supported Housing Model for people with dementia.

**Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)**

**20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2015-16 reporting period? (*tick one box only*)

Yes       No, already taken place  
✓ No, scheduled to take place at a later date       Not applicable

Please provide any details:

**21** In analysing monitoring information gathered, was any action taken to change/review any policies? (*tick one box only*)

✓ Yes       No       Not applicable

Please provide any details and examples:

See question 22.

**22** Please provide any details or examples of where the monitoring of policies, during the 2015-16 reporting period, has shown changes to differential/adverse impacts previously assessed:

The region awaits the outcome of engagement with mental health inpatients in relation to Trusts' Smoke-Free policies, therefore Belfast

Trust will review its recommendations on this matter accordingly.

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

### **Ethnic Monitoring to Improve Services:**

The population that Belfast Trust serves across our range of integrated health and social care services is evolving into a more culturally diverse group. This has important implications for how we deliver our services and as such it is important that we know the ethnic composition of our service users so that we can provide person-centred, person-led care.

It is important that the Trust has the necessary information on the population it serves to ensure patients are treated holistically in accordance with their needs, experience and beliefs. To assist the Trust to obtain this information and thus provide a service fit for purpose, the Trust will now be asking all service users and patients their ethnic group so that we can better meet their cultural, religious and language needs.

There are a number of fundamental reasons why it is important to gather this information. It can help identify gaps or under-representation of certain ethnic groups who are accessing services. This will enable us, as a Trust committed to reducing health inequalities, to help improve access to our services and ensure that they are culturally sensitive to each and every ethnic group. We want everyone, no matter what their ethnic group, to be able to use our services easily. Research has shown that the prevalence of some health conditions and issues can be greater among some ethnic groups and information on ethnic origin helps us to understand an individual's needs and in so doing, helps us to respond to different needs and provide better services. Increased knowledge and awareness about who our service users are enables better targeted health promotion and prevention programmes.

The Trust recognises that the needs of the patient are paramount and it is therefore vital that patients are aware and understand why this information is needed and what happens to the information. It is equally as important that staff understand why this information is required and that implementation of the process is managed in a sensitive

appropriate manner. To address these issues the Trust has developed a Communication and Training Strategy. The Strategy will ensure that BME representative groups are provided with all the relevant information. An information day is planned to offer the opportunity for BME service users and the public to be provided with the rationale and benefits of ethnic monitoring. The importance of data protection and what happens to the information will also be emphasised.

A training programme for staff has been developed to ensure that staff are culturally competent and equipped with the skills and the resources to help them provide responsive and sensitive services.

### **Staff Training (Model Equality Scheme Chapter 5)**

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2015-16, and the extent to which they met the training objectives in the Equality Scheme.

#### **Mandatory Equality Training:**

In order to improve levels of attendance an increased range of venues and times for training have been incorporated into the training programme in addition to the facility for ad-hoc programmes developed to meet directorate needs. An e-learning and video resource for staff training was also launched in the reporting period in order to facilitate greater uptake of this training module.

An additional menu of equality training for staff continues to be provided.

Equality staff continue to support Learning & Development vocational training programmes with equality training in addition to the provision of bespoke training to directorates.

Between April 2015 and March 2016, the following training sessions took place:

**Table 3:**

<b>Course</b>	<b>No of Attendees</b>
Mandatory Equality training for Staff and Managers	2581
Managing Disability and Reasonable Adjustments in the Workplace	75
Human Rights Training	66
Disability Awareness	78
Domestic Abuse Support Service Training	11
Introduction to new Interpreting Service online booking system	211
Migrant Awareness training	15
Corporate Induction	942
Human Rights Masterclass	20+
Bespoke Equality training for Human resources staff	27

Equality training is mandatory for all staff and managers. The session covers equality, human rights, disability and good relations. The programme has been reviewed and extended across community and hospital setting with compliance levels across directorates measured quarterly.

In addition the Trust provides equality training through mandatory corporate induction training and through a range of vocational and developmental programmes. The Trust has introduced annual compliance reports for each Service Directorate and the provision of bespoke sessions for under-performing areas. During the year over 600 staff attended these bespoke training programmes organised at times and venues to accommodate different working patterns.

For the first time, during this reporting period the Health & Social Inequalities team arranged a bespoke Equality training session for staff of the Human Resources directorate. The event was tailored for HR staff and was well attended by all levels of staff, ensuring that HR compliance levels of Equality training was high.

A customised training session was also held for the staff of the Trust's

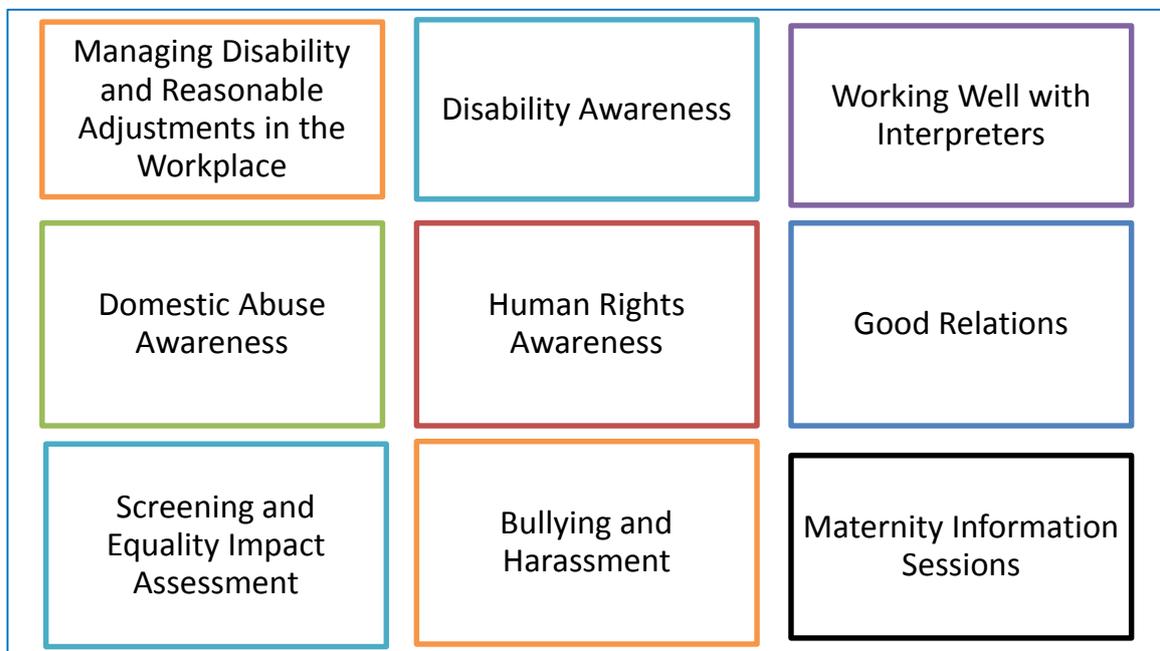
Gateway Service. This session was jointly delivered with the Regional Health & Social Care Interpreting Service and served to increase awareness of important equality and interpreting issues.

The Trust’s Disability Steering Group members received a one-off training session on the Mental Capacity Act (2016). Given the impact that this legislation will have on all areas of Trust services, a dedicated training session for this strategic Group was an important step in increasing awareness of this crucial area of legislative reform.

In addition, the Disability Steering Group also received a ‘taster session’ of the Disability Awareness training that is delivered by the Health & Social Inequalities team for staff of the organisation. This successful session proved to be an informative refresher for members of the Group and allowed input from key staff members and disability representative organisations, to ensure that future training sessions were as effective and impactful as possible.

Specialist equality training is provided in the following areas:

**Figure 26:**



Within the Trust's Equality Scheme the following training objectives have been set:

1. To raise awareness of the provisions of Section 75 of the Northern Ireland Act 1998, our Equality Scheme commitments and the particular issues likely to affect people across the range of Section 75 categories, to ensure that our staff fully understand their role in implementing the scheme.

This is achieved through the provision of mandatory equality training for all managers and staff.

2. To provide those staff involved in the assessment of policies (screening and EQIA) with the necessary skills and knowledge to do this work effectively.

Consultation and Communication workshops - feedback included "Workshop integrated parallel processes and now appreciate the cross cutting of HR, Consultation and PPI and Equality issues" and "Built confidence in use of planning and process to make difficult decisions not as uncomfortable" and "Clarifying the need for following correct process before, during and after a service change".

3. To provide those staff who deal with complaints in relation to compliance with our Equality Scheme with the necessary skills and knowledge to investigate and monitor complaints effectively.  
A specific training programme on equality, disability and human rights has been provided to the Complaints Team.

4. To provide those staff involved in consultation processes with the necessary skills and knowledge to do this work effectively.  
This was facilitated through the provision of the aforementioned workshops and also through the business partner role which Health and Social Inequalities provide to the service groups and through project group participation.

5. To provide those staff involved in the implementation and monitoring of the effective implementation of the Trust's Equality Scheme with the necessary skills and knowledge to do this work effectively.

Staff continue to use our comprehensive Equality Training Manual which acts as a convenient means of providing equality related information covered in face to face training sessions.

## **Professional Development Training for Interpreters:**

HSC Trusts are also providing training for Interpreters who work in the NI Health & Social Care Interpreting Service. The NIHSC Interpreting Service are in the process of upgrading all registered Interpreters to OCN Level 4 standard. The upgrade consists of four sessions in Maternity, Mental Health, Social Services/Domestic Abuse and Speech and Language Therapy.

Interpreters must attend all four training sessions in order to achieve Level 4. 71 Registered Interpreters have upgraded to date. The sessions are also required as part of the NIHSCIS OCN Level 4 and Conversion Course Training for new Interpreters joining the NIHSCIS Register (needs only basis).

BSO are currently investigating the possibility of setting up SLA's with Trusts to formalise training to be delivered by:

- Southern Trust: Maternity
- Belfast Trust: Speech & Language Therapy
- Northern Trust: Social Services (in conjunction with Women's Aid)
- South Eastern/Western Trust: Mental Health.

BSO are keen to have formalised agreements in place with each HSC Trust in order to ensure high quality safe services.

## **End of Life and Organ Donation – Workshop for NI HSC Interpreters – Raising Understanding for BME communities:**

Over twenty experienced interpreters from the NI HSC Interpreting Service team attended an information workshop on 'End of Life Care and Organ Donations' during the current reporting period. The session outlined for interpreters the important elements of end of life care and information that they may be required to explain to dying patients and/or bereaved relatives. The day was essentially aimed at helping interpreter's understanding of what is/has/should happen at end of life so that they can fully contribute to the process when providing interpreting support for patients and their relatives. The Bereavement

Co-ordinators were Anne Coyle (SHSCT) and Heather Russell (BHSCT) – both very experienced HSC practitioners.

It is intended to roll out this session to more interpreters in the future as there is a general lack of understanding amongst the BME migrant community about practical end of life issues and organ donations.

### **Adult Safeguarding awareness training:**

The Belfast HSC Trust Social Work Training Team delivered Adult Safeguarding awareness training sessions to HSC Interpreters in March and April 2015.

### **Brief Intervention in smoking cessation Training:**

A member of the Southern Trust Health Promotion Facilitator & Stop Smoking Specialist Promoting Wellbeing Team provided training to 24 HSC Interpreters in 2015/2016.

### **Stillbirth and Neonatal Death Interpreter Training:**

SANDS (Stillbirth and Neonatal Death Charity) are currently working with NIHSCIS to devise a training programme for Interpreters. This training is due be delivered in 2016/2017.

### **NI Blood Transfusion Service:**

NIBTS are currently working with NIHSCIS to devise a training programme for HSC Interpreters working with BME migrant communities. This training is due be delivered in 2016/2017.

### **Equality training at Corporate Welcome programme:**

The Corporate Welcome Programme is a half-day corporate induction event for newly appointed staff to meet the Chief Executive Officer (or in his absence, a nominated Director / Co-Director) and to gain an understanding of current organisational priorities.

During the event, participants hear directly from various senior managers who are responsible for the day to day delivery of key services to our patients and clients and who strive to ensure that our users' experience is as good as it is possible to be. Participants are also informed of ways that the Belfast Trust seeks to be a good

employer and a range of the facilities that are available to every member of staff in the Trust.

Equality and inequalities are both covered during the 1/2 day by a Senior Manager. The section on health and social inequalities is formatted as a quiz, in order to engage participants in the topics being covered. Topics include disability, traveller health and interpreting in health and social care. The content of the section covering Health and Social Inequalities, Health Improvement and Community development is currently under review and an updated version will be in place by Summer 2016.

### **Inclusive Communication event:**

Over 200 service users, carers and staff gathered to celebrate 'Inclusive Communication' in April 2015. The event was organised by the Trust's Learning Disability Speech and Language Therapy team.

The event aimed to highlight to individuals with learning disabilities, speech language and communication needs; as well as their carers and staff how 'Inclusive Communication' can help to achieve successful outcomes towards independence and community participation. The Director of Adult Social & Primary Care of the Belfast Trust opened the event emphasising why it is so essential for everyone to help 'Give Voice' for Adults with learning disabilities to improve communication and remove barriers faced by people who have communication difficulties. Experienced staff, carers and service users worked in partnership with SLT to co-design and co-deliver 'Inclusive Communication' workshops.

The Lead Clinical Speech and Language Therapist with the Belfast Trust, said: "This event allowed the voice of the service user to be central in planning and delivering training. Listening to service users talk about their experience helped bring the subject of communication to a human level. It is a great example of what can be achieved when service users, staff and carers work together."

Partners supported the event by exhibiting resources that help support communication. Partners included Royal College of Speech and Language Therapists (RCSLT), sensory support team, health improvement, oral health, crafted hands, parenting, alternative and augmentative Communication AAC, Equality, Stroke association, hospital passports, Department of Justice, Tell It Like It Is Tilli ARC,

NOW, Action Ability, Promote and Action for Mental Health.

### **Learning and Development Portfolio:**

The Trust's 2016-17 Trust Learning and Development Portfolio contains a wide range of learning and development opportunities for all bands and professions working throughout the Trust.

The Portfolio is reviewed annually and this year introduces a number of new programmes for teams and individuals to consider in relation to supporting our corporate direction and activities, such as:

- Safety and Quality Improvement – 2 new programmes to support the realisation of the Quality 2020 Strategy and the implementation of the Quality Attributes Framework
- Putting People First – a new regional programme focusing on customer service
- Institute of Leadership and Management (ILM) – additional levels of programmes are now available to support collective leadership development.

This year's Portfolio is available in a new format, which means staff can access the Portfolio anytime anywhere through your mobile phone or tablet using a QR reader.



The Trust facilitates a British sign language level 1 course for social work and social care staff, delivered by the Trust's training team. The sign language course is designed to teach learners to communicate with deaf people/service users using British Sign Language (BSL) on a range of topics that involve simple, everyday language use.

### **Staff Health and Wellbeing:**

As employees of the Trust, it is important that the Trust supports its staff to maintain and improve their physical and emotional wellbeing and to help them to lead a healthy lifestyle.

Key to its programme of support for staff members is the Trust's 'B well' initiative. 'B well' is a new gateway to this information and support through a new website and app. The information on B well is divided into five key themes, and complimented by training programmes and a

wide range of activities, including the popular 'Here4U' support service (see more info below)

The Trust offers:

- A wide variety of free on site fitness classes
- Early Intervention Staff Physiotherapy Service
- Conditions Support Management Programme
- Mindfulness training
- Support to make healthy lifestyle changes: nutrition, physical activity, oral health, sexual health, men's health, smoking cessation and stress management
- Support and training for looking after your mental health and wellbeing
- Confidential counselling service
- Multi-disciplinary Occupational Health service
- Health and Safety at work support, guidance and training
- Staff Health Fairs
- Shared Reading Programme
- Bereavement support
- Chaplaincy services
- A range of initiatives to help improve your working life (including childcare support)
- Support for disabled employees
- Health and Wellbeing at Work Newsletter.

'Here4U' is a health and wellbeing initiative for Trust staff designed to

help staff feel more valued by Belfast Trust and also give everyone the opportunity for exercise, relaxation and enjoyment.

'Here4U' offers an extensive range of free activities and events to staff, to address physical, emotional and mental health and wellbeing.

Activities include:

**Weekly classes**

Aerobics & Tai Chi

Circuits & Boxing

Choir & Guitar

Dance & Zumba

Pilates & Yoga

Football & Photography

**One-off events include:**

Car mechanics evening

Making a Will evening

Visit to Garden Centre

Christmas craft evenings

Mindfulness Taster Evening

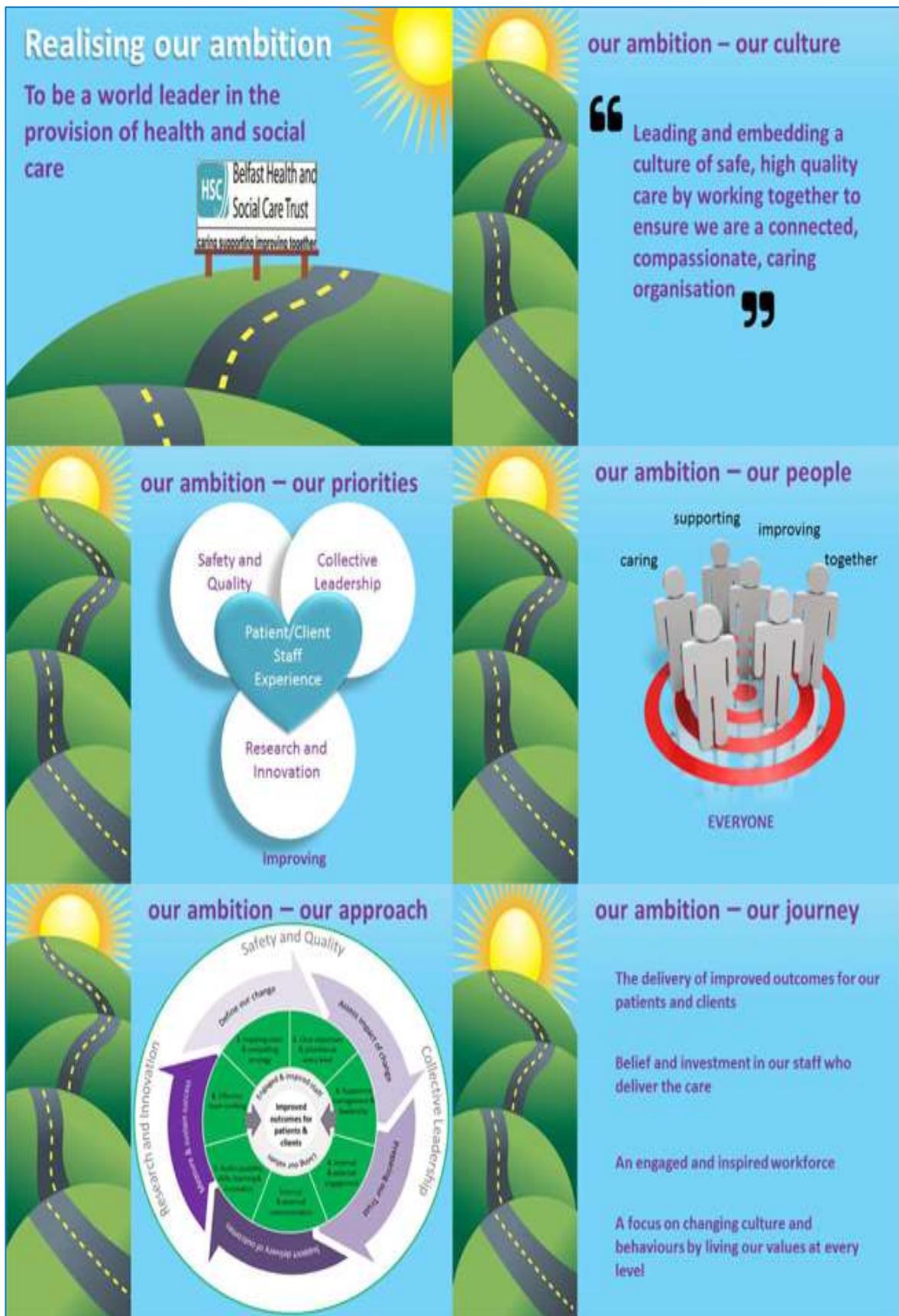
**Organisational Development Framework:**

During this reporting period, an organisational development framework was developed for 2015-2025 to help the Trust realise its ambition to become a world leader in the provision of health and social care.

Three core priorities have been identified to help deliver on this framework. These organisational development priorities have been identified through discussions with staff, patients and clients; from the findings of Francis, Berwick, Donaldson and others, and through leading-edge research by The King's Fund, Dalton, the Institute for Healthcare Improvement and West et al. The Trust's OD priorities are:

1. Safety and quality – to deliver safe and high-quality care to all
2. Research and innovation – to drive continuous learning through research and innovation
3. Collective leadership – to grow a culture of collective leadership where everyone at every level has the capability to deliver improvements for our Trust as a whole, not just in their own roles or work areas.

Figure 27:



- 25** Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

As aforementioned, the Trust provided a human rights Masterclass, delivered by the Northern Ireland Human rights Commission in October 2015. This was a very popular, well-attended event, which gave senior managers from right across the organisation training on the fundamental nature of rights and how they can be applied in a health and social care setting. The training challenged managers to think more broadly about scenario based training examples and clearly demonstrated the need for human rights considerations at every level. The Commission produced a 1-page Guide for assisting in decision making, which was shared at the training and used by staff. This Guide has been subsequently used within Belfast Trust when considering some key policies. In this way, the Masterclass provide to be an effective means of showing the importance of integrating human rights considerations to everyday practices within the Trust.

As mentioned earlier, the Trust held two workshops looking at the area of Procurement and Human Rights in this reporting period to encourage best practice in ensuring equality and human rights considerations in the procurement process.

## **Public Access to Information and Services (Model Equality Scheme Chapter 6)**

- 26** Please list **any examples** of where monitoring during 2015-16, across all functions, has resulted in action and improvement in relation to **access to information and services**:

### **Staff Survey:**

Between October and December 2015, Quality Health carried out the HSC staff survey across fifteen participating organisations – one of which was Belfast Health and Social Care Trust. Within the Trust, 22,321 employees invited to participate and 4,264 respondents did take part, constituting a response rate of 19%. Overall the results were positive and marked an improvement since the 2012 survey.

Figure 28:

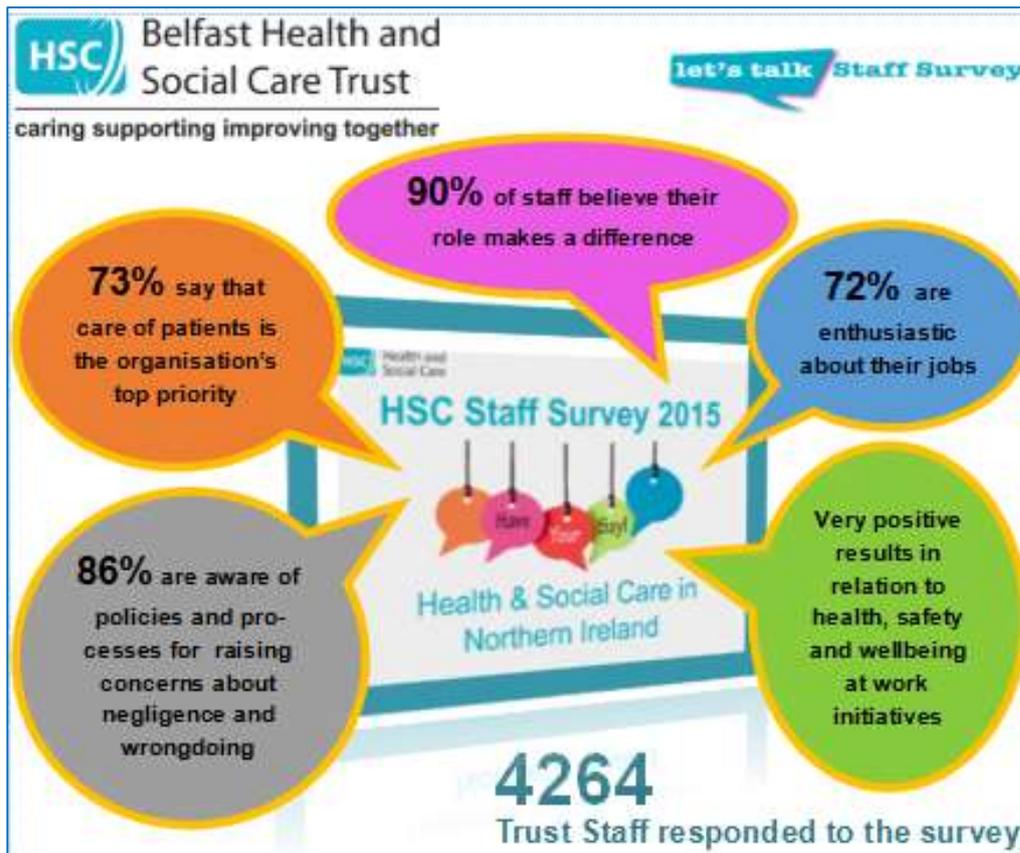
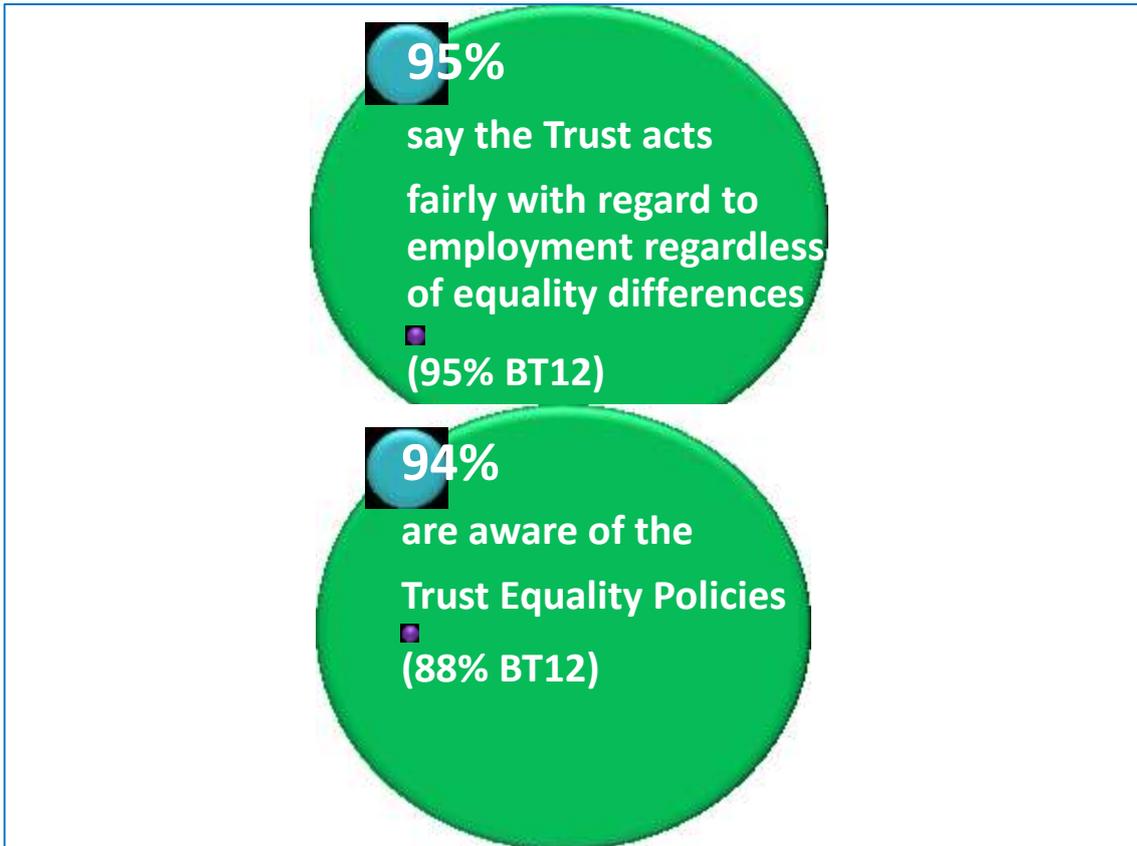


Figure 29:



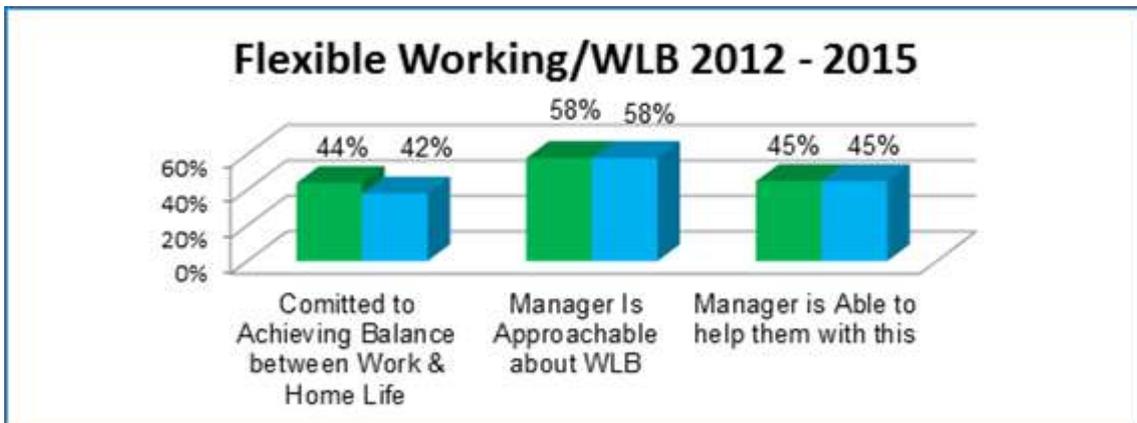
Notably, of the 4264 respondents, 77% had received equality training compared with 60% back in 2012 and 92% in the NHS overall.

Figure 30:



Responses regarding flexible working and achieving a work life balance remained relatively static when contrast with 2012 results with a slight decrease in respondees regarding commitment to achieving a work-life balance.

Figure 31:



The Trust will focus on sustaining progress and continuing to improve in all these areas before the next survey.

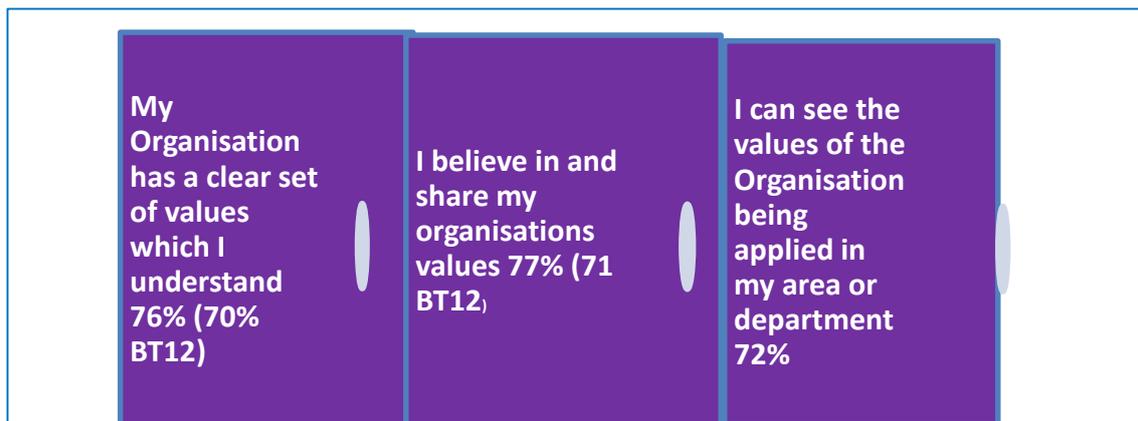
### Embedding the Trust Values:

In terms of embedding the Trust Values,



The following results were collated – all of which show an improvement in comparison to percentage of previous survey in 2012 where 76% respondees affirmed that the Trust has a clear set of values which they understood and that 77% of individuals noted that they believed and shared those values and 72% responded that they could witness application of those values within their department.

Figure 32:



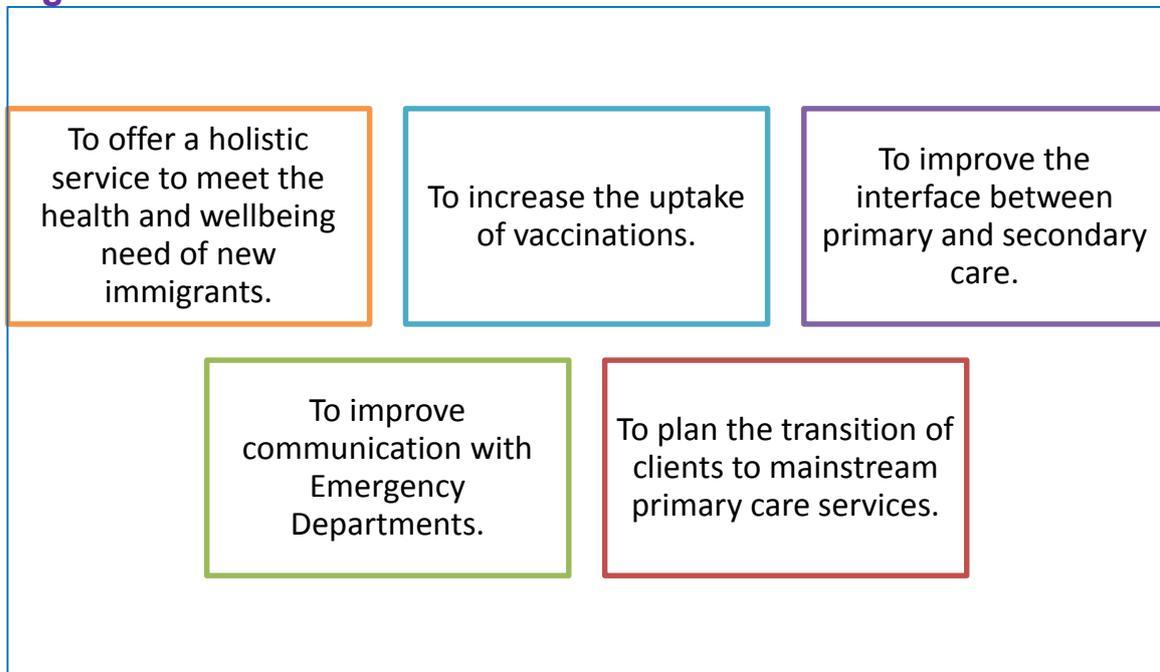
### Northern Ireland New Entrants Service (NINES):

Belfast Health and Social Care Trust in collaboration with The Public Health Agency and the Health and Social Care Board, established an evidence-based Nurse –led Northern Ireland New Entrant Service, referred to as NINES.

Established in 2012, the service offers support to asylum seekers, new immigrants, refugees and children 0-16, targeted for mantoux/BCG vaccination.

## Aims of NINES:

Figure 33:



Services provided by NINES include:

- A holistic health assessment
- Client held health passport
- Fast tracking for chest x-rays
- Direct referral pathway to appropriate secondary care
- Assistance with GP registration, dental services and optician
- Delivery of Mantoux/BCG programme for children
- Health Promotion/Education
- Signposting to other services
- Multi-agency partnership working with other BME organisations
- Confidential help and advice.

A client held passport has been developed in five languages to enhance communication between primary and secondary care. Direct referrals have been established by NINES for clients to attend GUM/Hepatology.

Referral pathways for respiratory clinics have been established which allows for the fast tracking of NINES clients for chest x-ray to help in the early detection of TB.

A range of clinics for new entrants are held weekly at the Bradbury Centre, Lisburn Road, Belfast.

In April 2015, NINES was awarded the Community Practitioner Team of the Year at the Community Practitioner Health Visiting Association (CPHVA) Awards 2015. This recognises the hard work and dedication of the staff team but also highlights the need for a unique service that seeks to improve the health and well-being of vulnerable clients groups whilst seeking to validate the contribution that BME clients can offer to enhance a culturally rich and diverse Northern Ireland.

### **Accessible appointments:**

Representatives from Action on Hearing Loss and British Deaf Association met with the Chair and other members of the Disability Steering Group and Health Records staff in April 2015 to discuss a project to address communication barriers preventing people who were deaf or had hearing loss from booking their own appointments. In what is known as a partial booking system, patients are issued with a letter requesting that the patient phones the booking office to arrange a suitable appointment within a set period of time. This system did not take into account the preferred or requisite method of communication for people who are deaf or had hearing loss i.e. communication via email or textphone or SMS.

It was agreed that the Trust would undertake a pilot to allow people to respond by e mail to the three main patient booking offices if they were deaf or had hearing loss so that alternative communication methods could be used. The e mail was added to the Mater Hospital booking letter and monitored for a period of time to ensure demand could be met. This proved very successful and has since been added to BCH and RVH appointment letters. The Trust also uses a text reminder system for all patients were, provided we have the patients mobile number, we text patients to remind them of their appointment, this too has proved to be very successful with positive feedback from patients.

Further work has also been undertaken by a sub group of the Disability Steering Group to progress a more accessible appointment letter. In the Mater Hospital (where this is currently working), the font of the letter has now been increased to size 14, and a trial has been carried out to print the letters on 'yellow' paper as recommended for patients with visual impairment. The plan is to introduce the same style letter on yellow paper to the RVH and BCH sites and provide additional information as appropriate such as how to access Shopmobility at the Royal site.

## Accessing Sensory Services:

The Trust's Sensory Support Team produced a DVD entitled "Accessing Sensory Services." The DVD has a menu which enables the viewer to select the communication most appropriate to them such as AUDIO, Subtitles, British Sign Language and Irish Sign Language. Other formats such as Braille are available on request. The video aims to show how a person can access services if they have been diagnosed with a sensory loss and also contains information on the type of service they can receive including rehabilitation support, emotional support and practical support.

Several service users agreed to take part and share their experiences of sensory loss, its impact on them and how sensory services have supported them. The Trust Sight and Deaf Service User Forums were consulted on the accessibility of the DVD.

The DVD was completed in the new year and has been shared with the other Sensory teams in N Ireland and has been distributed to GPs, Audiology and eye clinics, libraries and other places.

## Launch of Support DVD for Romanian Roma:



The Roma are a relatively new community to the Belfast area, with the majority of families arriving post 2007. The majority of Roma in Belfast are Romanian and when they first arrived in Northern Ireland were A2 nationals, meaning that they had limited entitlement to health and social care. Romanian Roma are probably the most vulnerable and deprived ethnic minority group in Belfast. A significant barrier for the Trust and other statutory bodies to overcome was the absence of any meaningful relationships with that community and the historic fear and mistrust that Roma have of statutory organisations. The Trust had partaken in an 'I am Roma' Project, which was an EU-funded programme involving a partnership of nine European states committed to challenging the

negative stereotypes of the Roma community and willing to campaign and take action locally.

Through this project, the Trust was able to facilitate:

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

Despite the formal project having reached its natural conclusion, the Trust has sustained and built upon its work to help develop strong community relations with the Roma community and to build capacity therein. The Romanian Roma now have standard entitlement and access to health and social care since 2014, but it is important to engender better trust and information about how health and social care works in Northern Ireland.

In May 2015 the Trust worked on a multiagency basis to produce a DVD on accessing health and social care specifically to address the needs of Romanian Roma. The DVD was supported by the District Policing and Community Safety Partnership and highlights the Rights of Romanian Roma when accessing services in Belfast and the differences between the Health Services in Romania and Northern Ireland. The DVD is available in both English and Romanian.

BHSCT employ two Roma Community Health Workers. Both of these workers are Romanian speakers. One is from the Roma Community, promoting capacity in the Roma community and providing career opportunities to Roma is a central theme of the project.



The purpose of these posts is to:

- To engage with Roma mothers to identify early years needs and potential barriers to accessing services and support.
- To support the Trusts BME Health Visitor and the Northern Ireland New Entrants Service (NINES) in promoting access to services and in particular immunisations.
- To develop positive working relationships with South & East Belfast Surestarts (and other early years providers) with a view to enhancing Roma participation in tailored mainstream services.
- To establish positive working relationships with nursery providers to support Roma enrolment and attendance.
- To promote in-reach work with Primary Schools.
- To develop a process of engagement with Roma women that would increase awareness and promotion of a variety of Health Improvement initiatives (including reproductive health).

In parallel to this project the Trust has adopted a long term community development approach and supported RRCANI to develop as a fully functioning NGO, providing support with governance training for the committee, development of policies and procedures and financial support.

## Traveller Community Health Workers:

Belfast Health and Social Care Trust recognises that Travellers face specific challenges to their health and wellbeing including vulnerability to social exclusion. The Trust, in partnership with others, adopts a holistic approach in addressing the wider economic, social and environmental determinants of health.

By adopting a community development approach to addressing these issues, the Trust hopes to develop the capacity of that community and build social capital.

This is essentially the core function of the Traveller Community Health Workers (TCHWs) employed by the Trust in their Community Development Team. These posts are funded through the Public Health Agency.

The TCHWs are focussed on three areas identified by Travellers themselves as priorities:

- Mental Health,
- Maternal and Child Health
- Men's Health.

The TCHWs role is also to promote access to Belfast Trust services and address barriers, as well as to develop cultural awareness and sensitivity within the Trust.

Alongside this project the Trust also employs one full time Social Worker and one part time Health Visitor to work exclusively with the Traveller community (immunisation rates for Travellers in Belfast are the highest in NI at 95%). These posts are core funded by BHSCT.

The Trust has an action plan that was drawn up in consultation with Travellers for the period 2014 to 2017.

Alongside this, the Trust also funds Bryson An Munia Tober (BAMT), a Traveller support organisation, set up to promote health behaviours utilising an integrated approach.

The core aims of this project are to:

- Address the barriers Travellers face to adopting beneficial health

behaviours

- Improve health literacy and empower Travellers to make healthier choices
- Increase access to and use of mainstream community services.

BHSCT also part fund Barnardos Traveller Early Years Programme. The aims of this project are:

- Traveller parents/carers will be supported to understand and meet their children's developmental needs
- Traveller parents/carers to be better informed and supported to take up childcare/education services in their local community
- Early Education Services will have improved awareness of the needs of Traveller children and their families, and be supported in implementing inclusion.

BAMT & Barnardos contracts with BHSCT are managed by the Community Development Team and they are updated yearly to reflect emerging need and priorities.

BHSCT has developed the structures to ensure the necessary connectivity to adopt a strategic approach to delivering on its action plan.

A Traveller Health Strategic Group meets twice a year and has representation from across the relevant directorates and community and voluntary organisations. This group ensures Travellers health remains a strategic priority for the Trust.

A Traveller Health Operational Group meets nine times per annum to ensure the action plan is delivered upon.

### Accessible menu:



The accessible photographic menu project is concerned with creating and implementing an accessible resource to enable adults with a learning disability to understand the menu options available to them and to express their meal choice. Many service users have developed a communication method to indicate their meal choice, but this method may rely on staff that know them well and may not transfer easily into other situations.

The aim of this project is to determine how service users with a learning disability currently choose their meals within their facility and to evaluate the difference that is made when an accessible menu using photographs, Makaton signs and symbols is introduced.

Most people with a learning disability have difficulties fully comprehending spoken and written language. Only 5% to 10% of people with LD have recognised literacy skills. This means there is a significant need to provide information in accessible way. When information is provided in a written form there needs to be effort made to make this accessible. For example use words that are easy to understand, ensure text is presented in a large font size, use images to support the text and involve people with learning disabilities in the production.

Within Belfast Health and Social Care Trust, 'cook chill' meals are provided to several facilities using a menu that is produced on a regular cycle. All services accessing these meals and who also provide day, residential or hospital care to adults with a learning disability were asked to complete an online survey, facilitated by BHSCT audit department, to capture how service users currently communicate their meal choice. In addition, a focus group, facilitated by the Good Information Group and involving service users and staff from the Trust and the voluntary sector, contributed to the design of the menu. On the

basis of the consultation it was agreed that each menu card should be printed to A4 size and include a photograph of the meal option as well as the Makaton sign and symbol. Over 187 menu cards were developed. Funding to print the menu was secured from BHSCT health improvement consortium funding. The menu cards were printed in full colour and encapsulated to allow them to be wiped clean for hygiene purposes. An easy storage box to hold the menu was sourced, and the menu divided into the seven sections of salad, beef, pork, poultry, fish, vegetarian and dessert and each section colour-coded with a symbol to facilitate easy recognition, particularly for filing and display. Twelve facilities have been engaged in this project with over 500 service users having dinners in these twelve facilities. Each facility has been provided with a boxed menu to trial along with some guidance on how to display and manage the resource. Staff have been provided with training in Makaton, with signs taught specific to the menu vocabulary.

The staff teams have been encouraged to support the service users in learning these signs and to also actively facilitate opportunity for their informed choice making of meals. The initial audit revealed that menu choices were presented to service users in a number of different ways including a written format, an existing visual photographic format or by choosing at the hatch when the food is available to see. Some made their choices earlier in the day, others at the actual mealtime. It is anticipated that the accessible photographic menu will ensure that information is presented in a consistent manner and that it will facilitate meaningful choice making.

This person-centred visual resource helps ensure that service users have equal access to the meal options available, and therefore help them to make choices which may potentially improve their health and wellbeing. Although the project is ongoing, the expectation is that there will be significant benefits to the service users in the areas of independence, informed choice with regard to healthy options impacting on health and wellbeing, understanding of the menu options available, generalisation of choice making skills in the longer term to other eating environments, the use of a consistent effective means of communication to make their choice and also in their influencing service planning regarding future meal options. It is also hoped that this project will capture other possible benefits of using an accessible menu. It is also anticipated that as a result of specific Makaton training to the staff teams, they will be more confident in using the signs, which will positively impact on social interaction and conversation both with and between service users.

## Complaints (Model Equality Scheme Chapter 8)

**27** How many complaints **in relation to the Equality Scheme** have been received during 2015-16?

Insert number here:

0

Please provide any details of each complaint raised and outcome:

No complaints received in the reporting period. The Health & Social Inequalities team has set up a mechanism whereby any complaints received which relate to Section 75 groups are passed to us. This way we can input equality based advice and expertise when appropriate.

## Section 3: Looking Forward

**28** Please indicate when the Equality Scheme is due for review:

The Belfast Trust Equality Scheme is due for renewal in 2017.

**29** Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

It is anticipated that Belfast Trust will focus on the following key areas in the next reporting period:

- Preparation, consultation and production of revised Equality Scheme, Action Based Plans and Disability Action Plan
- Consultation and equality impact assessments which emanate from the Trust New Directions 2 Programme on social and acute care reform
- Development of new E-Learning programme on equality, good relations and human rights for all staff and managers
- Development of human rights based approach to health and social care - which is intrinsically linked to principles and fundamental ethos of equality of opportunity
- Development of an employment focused Gender Action Plan.
- Completion of the Trust's third Fair Employment Article 55 Review and review of the Affirmative Action Plan.
- Launch and implementation of the Gender Identity and Expression Employment Policy.
- Develop and implement an action plan using the NHS Employers Working Longer Group toolkit
- Participate in audit to prepare for enactment of Age Discrimination legislation to Goods, Facilities and Services.

- Develop and consult on new Good Relations Action Based Plan
- Subject to endorsement from the Equality Commission, to roll out use of the two tier screening template across HSC Trusts
- Adopt Equality Screening Tool Kit to ensure an effective and consistent approach to Equality Screening.
- To work with the ECNI to develop best practice Equality Impact Assessment Template.
- To establish Regional Consultative Forum with HSC Equality Leads, ECNI, NIHRC and CRC
- To continue working on ensuring S75 equality duties are embedded in procurement processes; the establishment of new/ review of existing voluntary and community contracts.

**30** In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2016-17) reporting period? *(please tick any that apply)*

- Employment
- Goods, facilities and services
- Legislative changes
- Organisational changes/ new functions
- Nothing specific, more of the same
- Other (please state):

**PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans**

**1. Number of action measures for this reporting period that have been:**

**25**

Fully achieved

**1**

Partially achieved

**X**

Not achieved

**2. Please outline below details 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:

Level	Public Life Action Measures	Outputs <sup>i</sup>	Outcomes / Impact <sup>ii</sup>
Regional <sup>iii</sup>	<b>1)Development and roll out of Self Directed Support arrangements which will come into effect from June 2015.</b>	<p>The Trusts in partnership with the Health and Social Care Board (HSCB) are introducing a new way of delivering Social Care Services called Self Directed Support.</p> <p>This system will provide more choice and flexibility for eligible individuals enabling them to tailor a care package that best suits their needs.</p> <p>Consultation on an EQIA was</p>	<p>Self-Directed Support will offer more control, flexibility and independence to people as they choose the support they want.</p> <p>Self Directed Support enables people to choose how their support is provided and gives them more control over their personal budget.</p> <p>Self Directed Support enables people to have more flexibility, choice and control over the support they receive, such as:</p>

		<p>commenced by the HSCB in February 2015. Trusts facilitated consultation events in each of their areas on Self Directed Support and staff training has commenced on the proposed changes.</p>	<ul style="list-style-type: none"> <li>• Employing their own personal assistant</li> <li>• having support staff visit at a time that they choose</li> <li>• Flexible options for short breaks</li> <li>• Accessing community opportunities.</li> </ul> <p>NB: Self Directed Support does not replace traditional services and people can continue with their existing package.</p>
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**2) Involving and Engaging People with disabilities:**

The Trust has already established a number of involvement mechanisms for disabled people to be involved in decision-making e.g. internal forums and established networks. In addition to this the Trusts will work regionally in partnership with disability groups such as Disability Action, Mencap, Action on Hearing Loss, British Deaf Association and RNIB and other local groups to enhance participation in public life positions. Belfast Trust also has a Mental Health service user consultant to inform service provision and policy formulation – this role has proved indispensable in facilitating communication with service users and carers during ongoing engagement and consultations. The Trust also has a range of forums to ensure people with disabilities are involved. Examples in BHSCT are Disability Steering Group, where a number of disability representative organisations and individuals with disabilities are core members.

The Trust has a Disabled Employee Network (DEN) for staff which is designed to ensure staff with a disability play a full role in the Trust, promoting a positive culture and highlighting the contribution of disabled staff. The Network, run and chaired by disabled staff, continues to grow and evolve. During the year the Network has focused on developing communication channels through the Trust intranet, Yammer, Health and Wellbeing Events and promotional literature to highlight events and issues. The Trust continues to promote and facilitate communication about the network. DEN representatives engaged and shared practice with regional colleagues with a view to developing a Regional HSC

Disability Steering Group to share resources and good practice across the sector. The Chair of the network is member of the Trust's Disability Steering Group. The Trust has many user forums to ensure that people with disabilities, those who are essentially our experts by experience are able to influence service design and continuous improvement.

A Regional Framework on the Employment of People with Disabilities, Reasonable Adjustments and Disability Etiquette Guidance has been implemented.

The Trust continues to provide work experience opportunities for people with disabilities in partnership with a range of voluntary and community groups. In addition the Trust has continued to ringfence posts for people with disabilities within the area of Mental Health using the DEL Workable Scheme. The Equality Commission recognised this work in its publication 'Making Equality Work'. The Trust are currently looking at how this model could work in other Service Groups.

Promoting positive attitudes towards disabled people	Outputs	Outcomes
<b>3) Review of Assistance Dogs Policy</b>	This policy was reviewed and has been amended in light of consultation feedback	To enhance the experience of service users who have an Assistance Dog and ensure that staff are welcoming and receptive to service users' needs

2(b) What **training action measures** were achieved in this reporting period?

	<b>Training Action Measures</b>	<b>Outputs</b>	<b>Outcome / Impact</b>
	<b>4) Continued roll out of Discovering Diversity – E-learning Disability Equality module.</b>	Increase uptake of these training modules by Trust staff - 563 have undertaken the current online package	Promotion of positive attitudes toward disabled persons.  Improved patient experience as a consequence of increasing awareness and promoting positive

		Quarterly monitoring of uptake of e-learning programme and annual reporting through e.g. Section 75 Annual Progress Report.	attitudes.  Sharing of good practice. HSC Trust are working toward augmenting the Regional E-Learning Package to incorporate further information on a human rights based approach to Health and Social Care and convention rights such as the UN Convention of the Rights of Persons with a Disability.
	<b>5) Online Equality training</b>	Work is underway to provide a modern, efficient and fully-rounded online equality training package, along with other regional HSC colleagues.	The online training package will provide an alternative to face to face training and will give a solid awareness regarding Disability Equality, UNCRPD, Human Rights, Equality and Good Relations. Each Trust will be able to tailor the information, making it specific to each organisation by hosting it on their own server.
	<b>6) Managing Disability and Reasonable Adjustments in the Workplace (Pilot Programme 2014-15)</b>	75 people attended the programme.	Promotion of positive attitudes towards staff with a disability.

PART B

	<p><b>7) Attendance Management Training - incorporating DDA and Reasonable Adjustment Duty.</b></p>	<p>Mandatory Managing Attendance Initiative training- 819 managers During this period 1611 people attended mandatory attending training</p>	<p>Increased awareness and practice of more responsive management approach to staff with a disability.</p>
	<p><b>8) Capacity and consent training</b></p>	<p>Awareness sessions delivered to 65 staff Also individual engagement with relevant staff.</p>	<p>Training will assist staff to more fully appreciate the principles of the legislation and translate into practice.</p>
	<p><b>9) Mental Health awareness training</b></p>	<p>43 staff attended.</p>	<p>Positive impact on individuals with a Mental Health condition.</p>
	<p><b>10) Adult Safeguarding Training</b></p>	<p>Level 1 – Awareness Raising/Refresher: 40 courses -773 staff</p>	<p>Consistent and best adult safeguarding practice.</p>

		<p>Level 2 – Line Managers Training: 2 courses - 63 staff</p> <hr/> <p>Level 3 – Designated and Investigating Officers Training: 2 courses- 90 staff</p> <hr/> <p>Court Room Skills:3 courses -72 staff</p> <hr/> <p>Level 4 – Joint Protocol Training: No activity</p> <hr/> <p>Level 5 – Achieving Best Evidence: 1 course - 2 staff</p> <hr/> <p>2 ABE refresher courses - 7 staff          Designated Officers Practice Support Group: 3 workshops -105 staff          Investigating Officers Practice Support Group: 3 workshops - 134 staff</p>	
	<p><b>11) A sub group has been established of the Disability Steering Group – dedicated to training and legislative reform</b></p>	<p>The sub group looked at accessibility of training facilities and training delivery and made recommendations in regard to these areas. This sub group were instrumental in ensuring that Trust reception staff receive training regarding effective and responsive communication with people with a disability.</p> <p>Mental capacity and ASD awareness</p>	<p>Greater staff awareness of the importance of Human Rights and Disability considerations across service provision and policy development.</p>

		sessions were also organised by this sub-group for the Steering Group	
	<b>12) Disability Awareness training</b>	This bespoke training course is delivered by the Health & Social Inequalities team at regular intervals throughout the year. In the reporting period, 78 people attended this training course.	Increased staff awareness of service users and colleagues with disability. Promotion of best practice to staff. Dissemination of key resources such as Disability Etiquette Guide and staff Guide to the UNCRPD.
	<b>13) Delivery of Human Rights Face to Face Training – incorporating Disability Duties.</b>	66 staff and managers have undertaken this training	Promotes positive attitudes toward disabled persons. Further raises awareness of the Disability Duties amongst HSC staff. Improves staff/ patient experience.
	<b>14) Provision of Sensory Support training</b>	The Trust facilitates a British sign language level 1 course for social work and social care staff, delivered by the Trust's training team. The sign language course is designed to teach learners to communicate with deaf people/service users using British Sign Language (BSL) on a range of topics that involve simple, everyday language use. Eight sensory awareness training sessions were delivered to BHSCCT staff and other professionals from May	Enhanced accessibility. More effective communication between staff and service users. Better patient experience

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	<p>2015 to March 2016. Three sessions on Low Vision were delivered to service users from September 2015 to March 2016. Two lip reading courses were delivered to service users in September 2015 and April 2016. A session regarding mobility was delivered to service users in June 2016. A sensory advice stand was provided at a community event in Ardoyne Health Centre on 3rd June 2015.</p>	
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2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	<b>Communications Action Measures</b>	<b>Outputs</b>	<b>Outcome / Impact</b>
	<b>15) Making Communication Accessible, new version</b>	<p>This updated resource addresses communication barriers and gives tips and advice to enhance effective communication. The Review involved significant stakeholder</p>	<p>Greater staff expertise in the provision of effective communication for individuals with a range of disabilities.</p> <p>Improved patient experience.</p> <p>David Galloway, Director RNIB NI and Co-Chair of the</p>

		<p>input.</p> <p>The Guide assists staff to ensure that people get the support with communication that they required e.g. through the provision of sign language interpreters.</p>	<p>Physical and Sensory Disability Strategy Supporting Independent Living, Information &amp; Training Workstream, said: <i>“Long after today, this guide will provide a useful reference point to staff across health and social care. It will ensure that people with communication difficulties receive written and oral information in a way that is easily understood. The guide demonstrates how, by making a small effort, and taking the time to communicate better we can make a big difference to people’s lives.”</i></p>
	<p><b>16) Engagement between the British Deaf Association and the Trust’s Emergency departments.</b></p>	<p>Following a series of meetings, an engagement event was held, facilitated by the trust’s PPI Lead. This was an opportunity to openly discuss barriers to communication which people who are deaf/have hearing loss can experience in our Emergency Departments, and consider a range of methods and techniques for overcoming such barriers</p>	<p>A range of ideas were agreed for auctioning, such as the provision of buzzers for people who are deaf/have hearing loss. It was agreed that the BDA would provide a 1-day training session for ED staff as a result of this roundtable discussion, to be held in June 2016.</p>
	<p><b>17) Continued participation on the Regional Physical Sensory and Disability</b></p>	<p>Action to address inequalities and identify gaps in service provision. Cross Departmental work including HSC Board,</p>	<p>Good Practice Guidance Checklist to ensure the needs of people with disabilities are considered in the design and development of future health promotion programmes/campaigns.</p>

	<b>Strategy Implementation Group.</b>	PHA, Trusts, DEL, DSD, voluntary organisations and service users.	
	<p><b>18) Alternative Formats</b></p> <p>Conduct a base-line audit of current documents produced in easy read.</p> <p>Scope out capacity for easy read options via social enterprise models.</p> <p>Work regionally to develop a comprehensive list of providers of accessible formats for persons with disabilities</p>	<p>Increased amount of Trust information produced in alternative formats e.g. Easy Read, larger print, use of sign language interpreters, subtitles and sign language on the production of DVDs.</p> <p>Easy read content on website for easy navigation</p> <p>This has not yet been achieved</p> <p>Not yet achieved</p>	<p>Trust information more accessible for all users e.g. through the increased use of Easy Read documents.</p> <p>Improved patient experience and clear guidelines for staff.</p>
	<p><b>19) Implementation of NI Autism Strategy</b></p> <p>Increasing awareness of</p>	<p>Information circulated via Trust's intranet on events to mark Autism Awareness month</p>	<p>The ASD Co Ordinator now provides regular updates to the Disability Steering Group</p> <p>A new information and signposting service that covers a</p>

	<p>Autism</p> <p>Participate in World Autism Awareness Day/ Month.</p> <p>Promote, organise and deliver autism awareness training for all relevant front line staff.</p> <p>Disseminate Autism Factsheet</p>	<p>in April 2015</p> <p>Raising staff awareness of Autism.</p> <p>Production of Autism Fact Sheet for staff.</p>	<p>wide range of information needs for adults with autism was launched in 2015. The Belfast Adult Autism Advice Service (The BAAAS) 'First Stop Shop' will address needs including education, training and employment, social benefits, housing and promoting wellbeing.</p> <p>World Autism Awareness Week was held during 2nd to 8th April 2016.</p> <p>As part of this celebration Belfast Trust held an Adult ASD Family Workshop on Wednesday 6th April 2016 at Riddel Hall, Stranmillis. Parents, Carers, Siblings and Individuals (16 years plus who had autism) were all welcomed. A wide range of speakers gave insight into the challenges for families in navigating life transitions; the experience and impact of receiving a diagnosis as an adult; and reflections on being a parent who has autism. The workshop was also an opportunity to get the views of family members on the priorities which that would help them feel supported. The workshop was also an opportunity to showcase art work from a local social forum. The group of young adults based at The Hive' on the Grosvenor Road are trying to raise awareness about autism and living with autism. They had the novel idea of a comic book to get their message across and have received training and support to create a Fandom Comic Book.</p>
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	<b>20) Roll out of Complaints DVD</b>	Use of alternative formats to facilitate access to the HSC complaints procedure.	<p>Greater accessibility for persons with a disability to access the HSC complaints procedure.</p> <p>Improvements in patient experience and outcomes for service users and members of the public.</p>
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2 (d) What action measures were achieved to ‘**encourage others**’ to promote the two duties:

	<b>Encourage others Action Measures</b>	<b>Outputs</b>	<b>Outcome / Impact</b>
	<p>The Trust’s Disability Steering Group agreed to focus on accessibility as their main priority for the last year. This has resulted in significant and tangible outputs to improve the patient experience in terms of accessibility: e.g more accessible outpatient appointment letters; a text and email facility for people who are deaf and cannot telephone to book through the partial booking system and the development of a best practice design guide for accessible facilities for building renovations or future builds; new training on disability awareness and disability etiquette for reception staff; improvements to the Trust intranet and social media sites. Sub-groups were tasked with focussing on particular projects in terms of access, communication and information, training and legislative reform.</p>		

<p><b>21) Access: Creation of Exemplar Facility – Assess a Health and Well Being Centre from a pan-disability accessibility perspective and make recommendations for improvements.</b></p>	<p>Assess Bradbury Health &amp; Wellbeing Centre in terms of accessibility and make recommendations to make it exemplar standard.</p> <p>Carry out literature review of guidance and best practice.</p>	<p>Share and raise profile of best practice.</p> <p>This will be used to inform all future building and large refurbishments and other Departments wishing to improve accessibility.</p> <p>To influence programme of work of other sub groups and create holistic approach.</p>
<p><b>22) Communication and Information</b></p>	<p>To improve accessibility to Trust website.</p> <p>To improve signage and make use of LED screens across Trust facilities.</p>	<p>Following the addition of signed video content on the homepage, work is underway to develop a signed video for the complaints/compliments section of the site. Browsealoud has been installed across all our microsites, along with an amendment to the text re-size functionality and Google Translate. ‘Skip to content’ code which assists screen reader technology has also been added to our corporate site. Work is also underway to test out a contrast template plugin for our microsites, which if successful could be added to our</p>

		<p>To improve accessibility as regards appointment letters.</p>	<p>main corporate site.</p> <p><b>Accessible appointments</b></p> <p>Representatives from Action on Hearing Loss and British Deaf Association met with the Chair and other members of the Disability Steering Group and Health Records staff in April 2015 to discuss a project to address communication barriers preventing people who were deaf or had hearing loss from booking their own appointments. In what is known as a partial booking system, patients are issued with a letter requesting that the patient phones the booking office to arrange a suitable appointment within a set period of time. This system did not take into account the preferred or requisite method of communication for people who are deaf or had hearing loss i.e. communication via email or telephone.</p> <p>It was agreed that the Trust would undertake a pilot to allow people to respond by e mail to the 3 main patient booking offices if they were deaf or had hearing loss so that alternative communication methods could be used. The e mail was added to the Mater Hospital booking letter and monitored for a period of time to ensure demand could be met. This proved very successful and</p>
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			<p>has since been added to BCH and RVH appointment letters. The Trust also uses a text reminder system for all patients were, provided we have the patients mobile number, we text patients to remind them of their appointment, this too has proved to be very successful with positive feedback from patients.</p> <p>Further work has also been undertaken by a sub group of the Disability Steering Group to progress a more accessible appointment letter. In the Mater Hospital (where this is currently working), the font of the letter has now been increased to size 14, and a trial has been carried out to print the letters on 'yellow' paper as recommended for patients with visual impairment. The plan is to introduce the same style letter on yellow paper to the RVH and BCH sites and provide additional information as appropriate such as how to access Shopmobility at the Royal site.</p>
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	<p><b>23) Training and legislative reform:</b></p> <p><b>Introduction of new training on Inclusive Communication for Reception staff.</b></p>	<p>To review the accessibility of all Learning and Development provision across the Trust and scope reasonable adjustments</p> <p>To review provision of all Disability training across BHSCT</p>	<p>Delivered a taster session Disability Steering Group meeting followed by circulation of slides. Sub-group is asking for feedback from members.</p> <p>A list of disability related training continues to be collated. The HRPTS L&amp;D Admin User Group, who are the trainers across the Trust have provided a list of disability related training they deliver.</p> <p>Contact has been made with BSO in regard to staff requiring reasonable adjustments when booking training via HRPTS. It is envisaged that this will be taken forward regionally.</p>
	<p><b>24) Roll out of HRPTS Self-Service function in relation to Equality Monitoring which incorporates Disability considerations.</b></p>	<p>Encourage staff to self-declare that they have a disability in accordance with the DDA definition of disability.</p>	<p>More accurate base line data on the prevalence of disability amongst staff.</p> <p>Promotes a more supportive workplace.</p> <p>Provides more detailed data for screening and EQIA processes.</p>

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2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	<b>25) Action Measures fully implemented (other than Training and specific public life measures)</b>	<b>Outputs</b>	<b>Outcomes / Impact</b>
	<b>25) Inclusive Communication Showcase</b>	Over 200 service users, carers and staff gathered to celebrate “Inclusive Communication” in April in Belfast. The event aimed to highlight to individuals with learning disabilities, speech language and communication needs; as well as their carers and staff how “Inclusive Communication” can help to achieve successful outcomes towards independence and community participation.	Better service user experience. Greater staff confidence in communicating effectively.

	<p><b>26) Maintain member of Excellence accreditation with Employers for Disability.</b></p>	<p>This award recognises the commitment demonstrated by Belfast Trust in implementing an array of practical measures to attract and retain employees and service users with disabilities.</p>	<p><b>On 3 December 2015, marking the International Day of People with Disability, the Trust was re-accredited as an <i>Employer of Excellence</i> by Employers for Disability NI.</b> An EFDNI spokesperson said <i>'It is a challenging process for members to achieve accreditation. We are delighted that 11 employers have achieved accreditation, with four obtaining Excellence status. Congratulations to all those who participated in this audit. They demonstrate an ongoing high level of disability commitment and good practice for employees and service users. A summary report will be drawn up and circulated to members to enhance learning, assist in benchmarking and encourage good disability practice.'</i></p> <p><b>Members of Excellence (scored 90% or more on audit)</b></p>
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3. Please outline what action measures have been **partly achieved** as follows:

	<b>Action Measures partly achieved</b>	<b>Milestonesiv / Outputs</b>	<b>Outcomes/Impacts</b>	<b>Reasons not fully achieved</b>
	<b>27) Alternative formats</b>	Have conducted baseline of easyread materials and created online easyread library		Regional contract needs to be taken forward by PALS Volume of requests not sufficient to warrant a contract

4. Please outline what action measures **have not been achieved** and the reasons why. Not applicable

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

Action measures in the DAP will be subject to on-going monitoring and review. Progress on the implementation of the DAP is monitored on a 6-8 weekly basis at the Regional Equality Leads meeting. Progress will continue to be recorded in the Trust’s Annual S75 Progress Report to the ECNI.

**(a) Qualitative**

Action measures in the DAP will be subject to on-going monitoring and review. Progress on the implementation of the DAP is monitored on a 6-8 weekly basis at the Regional Equality Leads meeting. Progress will continue to be recorded in the Trust’s Annual S75 Progress Report to the ECNI.

- PPI Initiatives and Consultation processes and Outcomes
- Feedback from Service Users

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- Update of Themed Inequality Audit
- Review of complaints/compliments
- NIHRC Inquiry into Emergency Health Care – 2014/15.

**(b) Quantitative**

- Performance Indicators in DAP
- Update of Themed Inequality Audit
- Consultations on specific areas e.g. Self Directed Support
- HRPTS – Employee Self Service – more accurate and up-to-date staff data on S75 characteristics
- 2011 Census data – utilisation in Screening and EQIA processes
- Screening and EQIA Processes
- Quarterly Screening Reports
- NIHRC Inquiry into Emergency Health Care – implementation of the recommendation 15/16 onwards and picked up in the Trust new s75 Action Based Plan 2017-2022.

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?

## Yes

If yes please outline below:

As a result of the reconfiguration of the Disability Steering Group and the creation of sub groups and as a result of engagement with Action on Hearing Loss and British Deaf Association, the Trust has progressed initiatives around accessibility which were not originally outlined in the plan.

1. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

No the plan comes to its natural end in 2017 and the Trust will engage and consult in the latter part of 2016 on the development of a new Disability Action Plan for 2017-2022

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<sup>i</sup> **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.

<sup>ii</sup> **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.

<sup>iii</sup> **Regional:** Situations where people can influence policy decision making at a middle impact level

<sup>iv</sup> **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.