

Belfast Health & Social Care Trust



Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2014-15

Contact:

<ul style="list-style-type: none">Section 75 of the NI Act 1998 and Equality Scheme	Name: Orla Barron Telephone: 02895046567 Email: orla.barron@belfasttrust.hscni.net
<ul style="list-style-type: none">Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

Documents published relating to our Equality Scheme can be found at:
Please insert link or details here

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 April 2014 and March 2015

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 2014-15, 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 eighth 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. Nonetheless it is unique in that this is the first time that Belfast Health and Social Care Trust has completed the revised template as set out by the Equality Commission. Health and Social Care Trusts have met with the Equality Commission to specifically discuss the new template and mutual expectations in terms of its completion. In accordance with these discussions, this report will provide a more succinct and concise representation and flavour of the work undertaken to progress the Trust's equality and good relations duties - as opposed to the full compendium of work which has been provided in the previous years. This report has been compiled in addition to the updated action based plan to tackle Section 75 inequalities. 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.

Within the Trust Equality Scheme, a plan of how the Trust will successfully implement its statutory equality duties is detailed in Appendix 4.

Within this plan, we committed to ensure that we had appropriate arrangements for assessing our compliance with Section 75 duties. For example, the establishment of appropriate structures and reporting mechanisms and the preparation of a Section 75 Annual Progress Report (APR) and include section in Trust's own Annual Report.

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 to not only comply with the Section 75 duties but to go beyond compliance and seek excellence and best practice in this regard. The Health and Social Inequalities team work collectively and collaboratively to improve health and well-being, reducing health inequalities and leading on promoting equality, good relations, human rights and social inclusion in designing and delivering services and carrying out functions within the Belfast Health and Social Care Trust.

They have their own detailed management plan which is influenced by a number of documents – the Corporate Management Plan, the Human Resources Management Plan, the Disability Action Plan and the Section 75 inequalities action based plan.

The Team achieves its purpose by:

- Practically implementing the equality remit to improve health and well-being outcomes
- Facilitating employees of the Trust in their understanding and awareness of how they can reduce health and social inequalities in their day to day work
- Improving the public access to services and information, not necessarily giving them equal services but services that meet their needs
- Being a specialist, expert team
- Ensuring the individual is treated with respect and dignity

- Working collectively and collaboratively to promote equality of opportunity and access to services by respecting Human Rights, promoting good relations and addressing barriers to health and social care.

The HSI Team reside within **Human Resources and Organisational Development** and work collaboratively with colleagues in **Employment Equality** and Community Development and Health Improvement to progress the broad range of initiatives that they cover. Partnership work has proved to be key 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.

Disability Steering Group

The Trust has worked to progress its 3 year Disability Action Plan and its implementation continues to be overseen by the Trust Disability Steering Group. The group's remit is to oversee implementation of the legislative duties to promote positive attitudes towards disabled people and to encourage full participation in public life. Notwithstanding this fundamental aim, the group also seeks to encompass any 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.

Three E's Equality Engagement and Experience Steering Group

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

- Partnership Forum
- Food and Nutrition Group
- Patient Experience Group
- Personal and Public Involvement Group
- Disability Steering Group
- Health and Well Being Steering Group
- Good Relations Strategic Group
- Traveller Steering Group and the
- Ethnic Minority Steering Group.

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

- Opportunities for learning from the review of PPI, Patient Experience, Equality commitments, Community Development and complaints are maximised, as one coherent system for the Trust
- Opportunities for learning from the review of reports by organisations such as RQIA are taken on board as well as reports into issues in other organisations which provide learning for the Health Service as a whole e.g. Francis Report
- People in receipt of services are actively involved in decisions about their own care and treatment
- The wider public has opportunities to influence health and social care services, policies and priorities
- Personal and Public Involvement is part of everyday practice within the organisation, leading to improvements in individual experience of the service and the overall quality and safety of service provision

- The Trust carries out its duties under Section 75 of the Northern Ireland Act 1998, across all its functions including employment, service provision and procurement
- Timely reports are made to the Board of Directors, including recommendations and remedial action taken or proposed if there is an internal failing in systems or services
- Effective procedures are in place to review and respond to complaints
- Duplications and contradictions in Trust processes to progress PPI, patient experience, equality requirements and our response to complaints are addressed
- The experience of staff delivering the service is considered.

Ethnic Minority Health and Well-Being Group

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

Good Relations Strategic Group

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

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

implementation and communication of the actions therein.

Traveller Strategic Group

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

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 Social Services and Public Safety, and ultimately to the Minister for Health. It is made up of a Chairman, seven non-Executive Directors, five Executive Directors and seven other Directors. The Department of Health, Social Services and Public Safety appoints non-executive directors, with the approval of the Minister for Health, Social services and Public Safety.

Trust Annual Report

Within the Trust's most recent annual report for 2013-2014, the Trust took the opportunity to celebrate the fact that it was the first Trust in Northern Ireland to develop and consult on a good relations strategy. A catalyst to its development was the ECNI observation that public authorities had tended to focus more on the duty to provide equality of opportunity, as it was deemed less sensitive than that of the promotion of good relations in Northern Ireland. The Trust recognised that the two duties are inextricably linked and that social cohesion requires equality of opportunity to be reinforced by good community relations.

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 proposal Supporting Young People in their community through a consultation and EQIA on Social Care Services for Young People (aged 11-17). This included pre consultation and engagement as well as formal consultation.

Specific training in relation to consultation was delivered during this reporting period via **Communication and Consultation Workshops**.

Due to ongoing financial pressures, HSC Trusts have been required to identify significant cost efficiencies for 2014 and 2015/2016. Belfast Trust has a total recurrent savings requirement for 2015/2016 for £40 million. Given the volume of savings required, the Trust has had to focus on a programme of reform and efficiency across the Trust. Mainstreaming the associated and 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 January 2015, three half day workshops were delivered with specialist input from Health and Social Inequalities, Personal and Public Involvement, Modernisation, Strategic Planning and Resource Utilisation. The purpose of the workshops 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 help navigate through each step of the process. A 4th workshop was arranged due to the popularity of the workshops. Evaluation feedback was very positive with many requesting that the sessions are re-run on a regular basis.

Review of monitoring information

The Trust continues to monitor by Section 75 categories and this has been enhanced by HRPTS Self-Service functions. During the reporting period the Trust used this monitoring information for all S75 screenings.

Ethnic monitoring of service users is in place in a number of key information systems – Child Health System, PAS, SOS CARE, SureStart and NIMATS.

Implementation of Trust S75 action based plan to address inequalities

The Trust continues to progress its actions within its 3 year action based plan to tackle inequalities. An update of which is contained in Section 2. The plan is divided into Crossing cutting themes and consists of five themes:

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

Screening and EQIA commitments

Belfast Trust conducted 45 screenings during this reporting period and produced 4 quarterly screening outcome reports to ensure transparency and accountability. The Trust conducted one EQIA as aforementioned and this was published online and subject to formal consultation.

The screening template was revised and quality assured by the Equality Commission. This has been piloted during the reporting period along with accompanying revised guidance.

Staff training (Full detail in Q24)

Belfast Trust is committed to learning and development for all its staff. Mandatory Equality training is in place for all managers and staff, along with a suite of human rights, disability, good relations and migrant awareness training. Work has commenced on development of an elearning module on Section 75, Equality and Human Rights along with production of an equality manual to act as a useful go to resource and reference guide.

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

Completion of Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) Review completed and in accordance with the review recommendations, the NIHSCIS duly transferred to BSO on 1 October 2014.

Section on Trust website for alternative formats.

Baseline of easyread versions of HSC materials conducted.

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.

Review and publication of Making Communication Accessible.

Publication and Review of Equality Scheme

Belfast Trust has published its Equality Scheme online and 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 2103 -2016 acknowledged that “as the largest provider, with a highly professional and skilled workforce providing local and regional services and with strong links to leading edge academic and research institutions through the Queen’s University of Belfast and the University of Ulster, the Trust is uniquely placed to deliver excellence in health and social care. The Trust’s ambition is to build on these strengths by ensuring that innovation and creativity are central to how the Trust takes forward service delivery and transformational change, using opportunities presented by technological advances and through strong working relationships with key partners and stakeholders. The Trust’s objectives can only be achieved with the help and support of the people who use our services, their families and carers, and our community, voluntary and independent sector partners.”

The Trust's 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” .



The Trust values are:

- Treating everyone with respect and dignity
- Displaying openness and trust

- Being leading edge
- Maximising learning and development
- Being accountable.

Embedding Trust Values Team Workshops

As part of the Trust's programme of Organisational Development and improvement of care, a new initiative of Team Values Workshops was developed and introduced during this reporting period. The aim of this is to further embed our 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.

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

Northern Ireland Health and Social Care Interpreting Service

Belfast Trust had successfully managed and hosted the Northern Ireland HSC Interpreting Service since 2007 until October 2014 on behalf of the region. A review commissioned by the Health and Social Care Board recommended that management be transferred to the Business Services Organisation in line with strategic direction for the provision of regional shared services. Demand for the service had

increased considerably to some 85,000 requests with a 97% provision rate during 2014.

Belfast Trust continues to be a key player in the steering group chaired by the Director of Commissioning at the Board along with members of BSO Executive Team. Oversight and implementation of the review's recommendations have constituted a significant piece of collaborative work for BHSCT Human Resources Co Director and Health and Social Inequalities Manager. Close partnership working and regular project groups have been and continue to be essential to facilitate the smooth transition to BSO for staff and the regional service. It is imperative that the high quality service and best practice was maintained during the transition. Workstreams progressed in terms of communication, the production of consistent regional guidelines and the development of a web-based portal for booking interpreters and for their acceptance or rejection of assignments. This system will also comprise an interface with Finance which will significantly reduce the volume of paper invoices, which were produced for the most recent annual statistics amounting to some 95,000 + interpreting interactions. The review led by the HSC Leadership Centre also recommended a significant re-apportionment of interpreting sessions to the medium of telephone interpreting. When this was consulted upon, feedback indicated that there could not be a definitive ratio of face to face versus telephone interpreting but rather this would be dependent on the practitioner's clinical judgement and the duration, nature and complexity of the appointment, the appropriate interpreting source can be selected. A regional strategy will be produced in accordance with the review recommendations by a regional Advisory Group to inform future strategic direction. HSC Trust Equality Leads will partake in this advisory group.

Access to Health and Social Care

Belfast Health and Social Care Trust has led on a regional initiative to produce a booklet to ensure that people who have recently arrived in Northern Ireland understand what can be a complex health and social care system and how to access it appropriately. It explains the role of interpreters; how to register with a GP; the Out of Hours Service along with a range of other hospital based and community based services. How to make a complaint is also explained. There are links to other useful information along with contact details all aimed at helping with way finding and the appropriate use of services for those not familiar

with the HSC system in NI.

It is envisaged that this will result in:

- Better understanding of how to access health and social care for new arrivals to NI e.g. migrant workers, individuals and families from a growing diverse BME population.
- More appropriate usage of Emergency Care facilities – it links into the Choose Well Campaign.
- The importance of registering with a GP from the point of arrival as opposed to when the need arises.
- Better understanding of the NI HSC system and way finding.
- Increased awareness of the right to access the services of a professional interpreter.

Development of the resource was postponed until the legislative reform in terms of the Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015. The draft resource has been shared with colleagues in DHSSPS, Business Services Organisation and HSC Trusts for quality assurance and it is anticipated that it will be published by Summer 2015.

Making Communication Accessible (Attached as appendix)

Cognisant of the importance of ensuring that people, who avail of health and social care services, understand the information they are given about it and can communicate effectively with the practitioner, a resource was developed to assist HSC staff to make sure 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.

The Chair of the Regional Physical and Sensory Disability Strategy Implementation Group has requested that the newly revised resource will be officially launched at a regional level at a forthcoming Strategy workshop in Autumn 2015. 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.

Healthy Relations for a Healthy Future



Belfast Trust continues to implement its Good Relations Strategy entitled Healthy Relations for a Healthy Future - which is overseen by a Steering Group. The Group comprises representatives from different Trust directorates, professions, Trust Chaplaincy, representatives from community organisations, partnerships, ethnic

groups, the Community Relations Council, the Equality Commission and Trade Unions. The Trust is committed to embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity and access to health and social care in a welcoming and safe environment. From a strategic point of view, as the Trust reforms and reorganises services across Belfast to provide a comprehensive, inclusive and personalised service for all patients and clients, it is fundamentally important that the Good Relations Strategy is in place and being implemented.

Some of the tangible outputs from implementation of the Strategy include the public display of the Good Relations Statement on which the Trust publicly consulted: “BHSCT wishes to publicly express its commitment to providing an environment where Health and Social Care is provided in a safe and welcoming environment. The Trust will ensure that all service users and staff experience equality of opportunity in accessing Trust facilities, services and employment irrespective of race, religion or political opinion. The Trust will be proactive in challenging sectarianism and racism and will promote good relations to ensure access to services for everyone.” This visual and explicit commitment to the promotion of good relations on a corporate basis is displayed in the entrance foyers to the acute hospitals and Wellbeing and Treatment Centres.

Throughout the month of November 2014, Good Relations Focus Groups were held in each of the Centres attended by a total of 150

individuals and 27 different community and voluntary organisations. Participants provided their views on how centres could be more accessible in terms of good relations. An outcome report has been completed with recommendations and action from the Focus Groups.

An 'Art Fest' was held on 5th February 2015 to allow the Focus Group participants to express their identity, culture and language through art. The art which incorporates the word Welcome in a number of languages will be installed at each Wellbeing and Treatment Centre during the week of 23rd June and officially launched in September during Community Relations week 2015. Information stands and displays were placed in Wellbeing and Treatment Centres in 2014 to mark community relations week. Information, myths & facts on religion, racism and diversity and an article have been featured on the Trust internet and intranet each year. Specific relevant training was also delivered to mark community relations week in 2014 which included: Traveller Awareness training; Migrant Awareness and Good Relations.

200 new Translated Welcome packs for inpatients translated into 18 languages have been developed and distributed to each ward in each of the four Trust Acute Hospitals. Training for staff on how to use the pack was also provided. The pack provides information for patients on Trust services as well as information on issues such as consent and allergies. The pack also provides guidance for staff on how to use the pack to assist them meet the needs of service users that do not speak English as a first language and how to access face-to-face or telephone interpreting. It also has new translated leaflets on the role of an interpreter in the top 5 languages.

Bi-annual bulletins have been produced highlighting much of the sterling work and proactive initiatives that the Trust has engaged in to promote good relations. The bulletins are distributed to a wide range of individuals and groups including: Trust level 4 managers and above for onward dissemination to their staff; Trust Board; 350 community and voluntary groups; Statutory organisations and other Health Social care Trusts; political parties; libraries and Trust Wellbeing and Treatment Centres. This list has been extended to include the individuals and groups that participated in the Trust Good Relations Focus Groups.

Strategies to promote Traveller & Roma Health in Belfast Trust



Belfast Trust furthermore has a dedicated Traveller Health Strategy, cognisant of the many health inequalities that Travellers are known to experience and the significantly poorer standards of health within the Traveller community. The Strategy is designed to facilitate better co-ordination in terms of service provision with the Traveller community, increase access to information and services and provide Traveller Awareness training to enable staff to have a better awareness and understanding of Traveller culture and health needs. There are now 3 members of the Traveller community employed by the Trust to assist implementation of the Strategy. An example of one innovative initiative from the Strategy was the development of a DVD 'Let's Talk About It', funded by the Public Health Agency. The DVD was designed by Travellers to help support Travellers cope with stress and mental health problems. In November 2014 Belfast Trust was commended for its on-going work with the Traveller and Roma Community from the British and Irish Parliamentary Assembly. The Parliamentary Assembly, which looked at evidence from a range of organisations earlier this year commended the Trust on its innovation and best practice in working with Travellers and Roma and recommend that the Trusts model be shared across the UK and Ireland as a model of best practice. "Belfast Health Trust had dedicated Traveller Liaison Officers who built relationships with Travellers and helped them access health services. Belfast Health Trust also encouraged discussion of mental health issues among Travellers and Gypsies using a DVD resource. This was one example of an innovative approach to engaging with health needs of Travellers, Gypsies and Roma that we commend. Likewise, using community choirs and other creative arts to build confidence, tackle stigma and address mental health issues among Travellers and Gypsies were great examples of innovation" British and Irish Parliamentary Assembly).

Given the success of this Traveller Strategy in building the necessary

conduits and trust with the Traveller community, it is envisaged that members of the Roma community will also be offered posts as lay health workers within the Trust in a similar vein to the Traveller liaison posts. Statistically this community would comprise of between 1200 and 1500 people which is greater than the Irish Traveller community and would experience significantly poorer standards of health and have a low life expectancy. This work is a further development in regard to the “I am Roma” EU funded project in which Belfast Trust was a key player.

Belfast Trust Carers Strategy

Belfast Trust also has a Carers Strategy in recognition of the estimated 214,000 carers in Northern Ireland. One of the five priorities within the Strategy is recognition and provision of support for carers and the Trust launched a carer information pack in June 2014 to mark Carers Week. It provides detail on carer assessments, support services and carer involvement. It also covers information on money matters and what support carers should expect in the hospital setting. These packs will be widely available in community and hospital settings for newly identified carers. Trust services and teams then have the opportunity to tailor the pack to include other specific information that individual carers may need. A review by the Health and Social Care Board acknowledged that the Trust had been successful in its development of a range of carer support initiatives both in terms of education/training and awareness raising events, but more particularly in the delivery of flexible support services to carers via ‘short breaks’ and carer grants. In May 2014 a conference recognising young carers was convened entitled "Don't 4get 2 see me": Young Carer Conference. This was organised in partnership with Action for Children and sought to raise awareness of the role and needs of young carers; to set out a Trust perspective and a legal context for working with young carers; and to give information on services that are available to support young carers.

Improving Patient Experience and Accessing Care through Teamwork



The Trust's Medical Director launched the IMPACT project in October 2014, empowering seven clinical teams, supported by experienced managers, to design and deliver the necessary changes across the Trust in terms of Unscheduled Care. The project is based on the Berwick Principles: to prioritise safety and quality above all else, to always listen to patients and their carers; to be open and transparent in all and to invest in lifelong learning and staff development.

One of the seven teams focuses on care of older frail people and one of the tangible outworkings of this multi-disciplinary team was the Establishment of BCH Direct - which facilitates direct assessment and admission, if required, of frail older people and reduces the number of older people being admitted through RVH Emergency Department and address complex discharge arrangements to support patients to be able to go home once medically fit. The team also focus on developing and implementing pathways to support people to remain at home and, if needed, ensure direct admission to the right specialty.

Human Rights Based Approach for Belfast

The Trust committed to produce a Human Rights Strategy in its action based plan for 2014-2017 to tackle Section 75 inequalities. Human Rights belong to everyone and are the basic rights we all have simply because we are human, regardless of who we are, where we live or what we do. Human Rights represent all the things that are important to us as human beings, such as being able to choose how to live our life and being treated with dignity and respect. The Trust is committed to the belief that putting Human Rights at the heart of the way health and social care services are designed and delivered can make for better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy. It could be contended that human rights is already at the very heart of provision of health and social care, but given the Trust's commitment to continuous improvement and being a lead edge organisation, it is important to take cognisance of emerging issues, reviews and reports such as the Francis , Keogh or Berwick reports or at a more local level. This should also include Regulation and Quality Improvement Authority (RQIA) findings and Northern Ireland Human Rights Commission (NIHRC) inquiry. The Trust envisages development of a clear, explicit and consistent framework to ensure that human rights are central to our thoughts and actions in

providing high quality patient centred care. It is anticipated that some of the key benefits would be enhanced quality of health services, with patient experience reflecting the principles of dignity, equality, respect, fairness and autonomy for patients and effective delivery of person-centred services.

This commitment was prior to the announcement of the Northern Ireland Human Rights Commission to launch a public inquiry into Emergency Care across Health and Social Care in Northern Ireland. The Trust was invited to come and present on their approach to emergency care and how human rights was at the core of their work. Date for publication of the findings from the inquiry is May 2015. It is envisaged that a newly established steering group will be established to take forward the development of a human rights based approach and will meet in September 2015. This group will operate on a collaborative basis with the Northern Ireland Human Rights Commission and it is anticipated that a pilot will be taken forward in the first instance in the Emergency Department.

Shopmobility



The Shopmobility service at the Royal Hospitals is located beside the accessible car parking bays on the ground floor of the main public car park near to the School of Dentistry. The Trust has worked in partnership with Shopmobility Belfast since 2008 to provide a Shopmobility service at the Royal Hospitals. The scheme gives patients and visitors with restricted mobility greater access to services by offering free hire of wheelchairs and mechanised scooters.

Use of and demand for the service has grown considerably and to date, over 4,800 service users have availed of Shopmobility Services at the Royal Hospitals with equipment hired for 9,075 hours. Usage equates to approximately 500 users per year. Membership has increased by 374 in the last year.

The Shopmobility service also offers a 'Meet and Greet' service as well as the opportunity to hire vehicles over a longer period of time external to the Hospital for a nominal fee.

Northern Ireland New Entrants Service

The Northern Ireland New Entrant Service (NINES) based in the Trust at the Maureen Sheehan Centre, have been awarded the Community Practitioner Team of the Year at the recent Community Practitioner Health Visiting Association (CPHVA) Awards 2015.

The Northern Ireland New Entrant Service (NINES) project was set up in 2012 to provide a regional, holistic service to support the health and social well-being of new immigrants, asylum seekers and refugees entering Northern Ireland.

Since its introduction the team have sought to provide outstanding care for Black, Minority, Ethnic and asylum seeking groups and this has allowed for the expansion and enhancement of existing TB screening services within Belfast Trust including:

- A comprehensive health assessment
- Health promotion
- Immunisations services and
- Screening for communicable diseases.

A client held passport has been developed in 5 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. The service offers a holistic service to meet the health and wellbeing needs of new immigrants, increase the uptake of vaccinations, improves the interface between primary and secondary care and improves communication with Emergency departments. It also helps to plan the transition of clients to mainstream primary care services.

Employment Equality and Diversity Plan

The Trust's third Employment Equality and Diversity Plan for the 3 year period April 2014 to March 2017 coordinating all aspects of employment equality work was launched. The Plan is communicated on the Trust's HUB and website with leaflets developed and distributed through training and employee engagement events.

Regional Equal Opportunities Network

The Trust continues to work collaboratively across the HSC sector via the Regional Equal Opportunities Network which meets 5 times a year and is chaired on a rotational basis between members. Over the past year the Network has been the key forum for equality related issues associated with the new HRPTS computer system. Current issues addressed by the Group include the areas of equality monitoring and reporting and more recently equality issues in relation to the transfer of transactional recruitment services to the Shared Services Centre. During the year the Trust led on the development of HRPTS reporting guides to meet statutory annual reporting requirements and hosted a regional event to share guidelines and best practice.

Investors in People

The Trust is striving to achieve bronze level (extended framework) IIP recognition in March 2016. Work commenced in the latter part of the year to prepare for the challenge of meeting an additional 44 evidence requirements. These will further embed the principles of the Employment Equality and Diversity Plan requiring a range of employment equality and work life balance standards to be achieved.

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. The Trust's screening template was reviewed and approved by ECNI during the year. The revised template further enhances the use of employment equality monitoring information in the areas of nationality and of religious belief.

Equality Networks

The Trust continues to support a Disabled Employee Network and are working in partnership across the sector to develop a Regional HSC Disability Strategic Steering Group to maximise learning opportunities and to share information.

The Trust continues to promote and support the HSC Regional LGBT Network. A website has been developed and a series of road-shows took place across Trust sites to promote the Forum during the Pride Festival.

Development of a Trans Policy

The Trust is working in partnership across the sector to develop a regional employment policy/framework.

Staff Support Services

A confidential Bullying and Harassment Support Service for staff has been developed. Staff can contact an Advisor who will listen seriously and impartially to their concerns and signpost to appropriate Trust procedures and other services.

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

The Trust met its annual reporting requirements in addition to the completion and submission to the Equality Commission for NI its second Article 55. The Commission commended the Trust on both the presentation of the Review and in particular the comprehensive analysis of the Trusts monitoring data. The Affirmative Action programme has been updated to reflect the findings of the Review and feedback from the Commission. Meetings have been held with the Trust's Learning & Development Team and Business in the Community to further develop outreach to schools. Targeted outreach action is under development with the Trusts Long Term Unemployed Working Group.

Promoting Disabled Persons in Employment

The Trust continues to work to promote equality of opportunity for disabled persons and has developed a programme to enhance

access to and retention of employment in line with our Disability Policy and Toolkit for staff and managers.

Employability: The Trust engages proactively with a number of statutory and voluntary organisations including the Orchardville Society, Action Mental Health and Disability Action to provide work placement opportunities for people with disabilities. During the year the Trust, through its Disability Steering Group, increased its commitment from 15 to 24 placements per year. Directorate targets have been introduced which will be monitored by the Disability Steering Group. Advice and guidance for managers has been developed and distributed across the Trust. In addition the Trust has continued to support and extend the ring fenced posts in the area of Mental Health with the recruitment of 4 Peer Support workers through DEL's Workable Scheme.

Supporting Staff and Managers:

The Trust's Disabled Employee Network, run and chaired by disabled staff, continues to grow and evolve since its launch in 2012.

In addition to the mandatory equality training provided for managers, a new training programme was developed during the year entitled 'Managing Disability and Reasonable Adjustments in the Workplace'. 90 staff completed the pilot programme designed to provide practical guidance and support in managing staff with disabilities or long term health conditions in line with the Disability Discrimination Act and the reasonable adjustment duty therein. Following evaluation the programme has now been incorporated into the Trust's 2015/16 Learning and Development Programme. Additional work is on-going in partnership with the Trust's Attendance Management and Occupational Health Teams on the provision of training, advice and guidance on disability related absence and reasonable adjustments. In addition Trust HR and Equality staff provide direct support to managers to provide a wide range of reasonable adjustments for disabled staff and applicants.

Work Life Balance and Improving Working Lives

The Trust continues to actively promote work life balance opportunities to staff through a variety of means including the promotion of National WLB week on Yammer and articles on the HUB and in Links magazine. The WLB and Special Leave policies were

reviewed and updated during the year. Quarterly evaluations and increasing number of applications continue to prove success of programme.

The 2014 Summer Scheme successfully facilitated over 330 children of Trust staff. 97% of parents rated the programme as very good or excellent.

Employee Engagement Events

A series of engagement events took place at a range of Trust venues aimed at making the HR and Equality teams more accessible to Trust staff, providing information on a variety of HR and equality policies and answering key questions that staff raised regarding their employment. These were greatly received and will continue to be rolled out through the next year.

Domestic Abuse Support Service



One in four women experience domestic abuse at some time in their life and the statistics for men are one in seven. With a workforce of 20,000 staff, the Trust recognises that domestic abuse could be impacting on a significant proportion of our employees from any level or any discipline within the organisation. Aware of the detrimental effect that domestic abuse has on an individual's overall health and well-being and moreover, their performance and attendance in work, the Trust has trained a range of support officers to be able to help an individual in the workplace who may be experiencing domestic abuse.

About the Domestic Abuse Support Service

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

	<p>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.</p> <p>What the Support Officer does: A support officer is available to listen and provide information about external organisations and agencies that specialise in helping people who suffer from domestic abuse. In the workplace, the support officer can arrange for adjustments to be made – such as salary advance, change of location, change of 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.</p>
<p>2</p>	<p>Please provide examples of outcomes and/or the impact of equality action plans/ measures in 2014-15 (<i>or append the plan with progress/examples identified</i>).</p>
	<p>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.</p> <p>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.</p>

3	Has the application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during the 2014-15 reporting period? <i>(tick one box only)</i>			
<input checked="" type="checkbox"/> <u>Yes</u>	<input type="checkbox"/>	No (go to Q.4)	<input type="checkbox"/>	Not applicable (go to Q.4)
Please provide any details and examples:				
<p>The application of the Trust's Equality Scheme has resulted in changes to policy, practice and procedures and service delivery. There follows some examples:</p> <p>Mandatory Equality Training</p> <p>Equality training is mandatory for all staff and managers - Over 1400 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 setting with compliance levels across directorates measured quarterly. An on-line training option for staff and a training manual is under development.</p> <p>In addition the Trust provides equality training through mandatory corporate induction training and through a range of vocational and developmental programmes.</p> <p>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.</p> <p>Amended Screening Template and Guidance</p> <p>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. HSC Trusts met with the Equality Commission on a number of occasions to discuss the rationale for amending the screening template so that</p>				

resources could be allocated to those policies or proposals which do have a bearing. The Commission sought assurances in terms of monitoring quality of the screenings and to ensuring that there was not misuse of the policy being screened out prematurely. The Trust was confident in terms of the existing internal quality assurance mechanisms e.g. policy committee, counter signature by Health and Social Inequalities Manager and Senior Employment Equality Manager in addition to the increased transparency and accountability via the publication of quarterly screening outcome reports. Belfast Trust shared the proposed screening template with the Commission and implemented their suggested amendments. Belfast Trust notified all its consultees of their intention to arrange a pilot of the revised screening template and guidance. The pilot commenced at end of January 2015 and the new screening template and guidance were launched formally at the consultation and communication workshops. Initial feedback has proved to be favourable and anecdotal information would indicate that policy makers are much more inclined to use the template appropriately.

Cultural Competency in Mental Health Services for Black and Minority Ethnic

Research conducted in 2013 highlighted disparities and inequalities, not only in the rate of mental health issues experienced by BME communities, who tend to experience more mental health problems than other communities, but also in their experience of the service and the outcomes, which are often poor. The same report found that mental health services are under-used by BME groups. (Source: Eoin Rooney, NHST and Ballymena Inter-ethnic Forum, 2013). HSC Trusts considered it important to address the multiple identity issue of BME people experiencing mental ill health and to fully assess the complexities and potential barriers therein. Belfast Trust in partnership with Aware Defeat Depression led on a regional initiative to develop an online toolkit to offer practical advice and good practice information for mental health practitioners on optimising their cultural competence. The online resource has been piloted and shared regionally to ensure consistency of practice and high quality mental health services. An associated DVD and training resource will be completed by Summer 2015. It is anticipated that this resource will lead to increased awareness of practitioners of the potential barriers and facilitate a more responsive service to the increasing cultural diversity within the population we serve. The Public Health Agency and Partners hosted the third Public Health Annual Scientific

Conference in June 2014. The theme of the Conference was Celebrating Diversity in Public Health and it focused on how public health innovations, research and practice are meeting the needs of diversity. The Trust's Health and Social Inequalities Manager submitted an abstract in regard to the development of the online toolkit and associated resources and was invited to make a presentation at the conference.

Equality Focus on Reform and Efficiencies

The Trust also applied the Equality Scheme commitments when screening its Financial Plan and associated contingency measures for 2014/15 in order to identify the potential cumulative effects for S75 categories and in order to identify mitigating measures for those potentially affected.

Arising out of the themed inequalities audit and the resultant action measures contained in the Trust's Equality Scheme - Action Based Plan a number of policy and service changes have come about including:

Transgender Policy

The development of a Transgender Policy aimed at creating inclusive workplaces where the dignity of and respect for transgender people is protected and promoted and where transgender people feel comfortable to express their gender identity; can fulfil their full potential and fully contribute to the workplace. It was recognised that there was a policy gap and lack of procedural guidance to support managers in realising these policy aims - hence this work stream was initiated - see the Trust's Action Based Plan for notes of attainment/progress.

Spiritual Care Policy

The introduction of a Spiritual Care Policy (as an integral part of care) was also developed in recognition of the fact that Northern Ireland has become a more religiously and culturally diverse country, albeit with Christianity still the predominant faith.

Mainstreaming this policy acknowledges not only the legal right, but also a fundamental human right that all people of whatever culture/faith/belief should be treated fairly, with respect and dignity,

	particularly at vulnerable times such as when in hospital.
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:
	<ul style="list-style-type: none"> ✓ Introduction of BCH Direct after temporary closure of BCH ED and RQIA review ✓ Introduction of bi-annual good relations bulletin ✓ Strengthening of equality and human rights stipulations in terms & condition of contract.
3b	What aspect of the Equality Scheme prompted or led to the change(s)? <i>(tick all that apply)</i>
	<input checked="" type="checkbox"/> <input type="checkbox"/> As a result of the organisation's screening of a policy <i>(please give details):</i>
	<input checked="" type="checkbox"/> <input type="checkbox"/> As a result of what was identified through the EQIA and consultation exercise <i>(please give details):</i>
	Procurement stipulations re equality and human rights.
	<input checked="" type="checkbox"/> <input type="checkbox"/> As a result of analysis from monitoring the impact <i>(please give details):</i>
	Introduction of BCH Direct.
	<input checked="" type="checkbox"/> <input type="checkbox"/> As a result of changes to access to information and services <i>(please specify and give details):</i>
	Online resource re cultural competency in mental health.
	<input type="checkbox"/> Other <i>(please specify and give details):</i>
	The Section 75 Inequalities Audit has been a useful resource for identifying both regional and local action priorities.

Section 2: Progress on Equality Scheme commitments <u>and</u> 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 2014-15 reporting period? <i>(tick one box only)</i>
<input checked="" type="checkbox"/>	Yes, organisation wide
<input type="checkbox"/>	Yes, some departments/jobs
<input type="checkbox"/>	No, this is not an Equality Scheme commitment
<input type="checkbox"/>	No, this is scheduled for later in the Equality Scheme, or has already been done
<input type="checkbox"/>	Not applicable
	Please provide any details and examples:
	Yes, section 75 statutory duties are integrated into all job descriptions.
5	Were the Section 75 statutory duties integrated within performance plans during the 2014-15 reporting period? <i>(tick one box only)</i>
<input checked="" type="checkbox"/>	Yes, organisation wide
<input type="checkbox"/>	Yes, some departments/jobs
<input type="checkbox"/>	No, this is not an Equality Scheme commitment
<input type="checkbox"/>	No, this is scheduled for later in the Equality Scheme, or has already been done
<input type="checkbox"/>	Not applicable
	Please provide any details and examples:
	Equality training is part of the statutory and mandatory training matrix and within the Trust's statutory and mandatory training policy, it 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

	<p>compliance are expected. 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 6 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 staff have the knowledge and skills they need to do their job and that areas for development are identified.</p>
<p>6</p>	<p>In the 2014-15 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? <i>(tick all that apply)</i></p>
<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Yes, through the work to prepare or develop the new corporate plan</p> <p>Yes, through organisation wide annual business planning</p> <p>Yes, in some departments/jobs</p> <p>No, these are already mainstreamed through the organisation's ongoing corporate plan</p> <p>No, the organisation's planning cycle does not coincide with this 2013-14 report</p> <p>Not applicable</p>
	<p>Please provide any details and examples:</p>
	<p>The Corporate Management Plan for 2013/14 – 2015/16 states that the Trust is committed to:</p> <ul style="list-style-type: none"> • 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

	<p>causes of life inequalities across the Belfast area.</p> <ul style="list-style-type: none"> • 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. • Supporting leading edge research and innovation in health and social care through links with a range of partners, including Northern Ireland's academic institutions. <p>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.</p> <p>Within the Human Resources Management Plan 2014-2015 the Trust underlined its commitment to continue to proactively address Section 75 inequalities in service provision, employment and procurement through implementation of its action based plan.</p>					
Equality action plans/measures						
7	Within the 2014-15 reporting period, please indicate the number of:					
	Actions completed:	12	Actions ongoing:	15	Actions to commence:	1
Please provide any details and examples (<i>in addition to question 2</i>):						
<p>Many of the actions by their very nature will be ongoing. The only one which is to commence is partnership working with the Equality Commission on a best practice EQIA Template. Belfast Trust is currently piloting the screening template and as such has focussed efforts in terms of designing and providing the associated training on the Section 75 screening template.</p>						

8	Please give details of changes or amendments made to the equality action plan/measures during the 2014-15 reporting period (<i>points not identified in an appended plan</i>):		
	There is no change however the plan is regularly reviewed and subject to ongoing monitoring - for instance development of the access to health and social care booklet was postponed due to associated legislative reform.		
9	In reviewing progress on the equality action plan/action measures during the 2014-15 reporting period, the following have been identified: (<i>tick all that apply</i>)		
	<input type="checkbox"/>	Continuing action(s), to progress the next stage addressing the known inequality	
	<input type="checkbox"/>	Action(s) to address the known inequality in a different way	
	<input type="checkbox"/>	Action(s) to address newly identified inequalities/recently prioritised inequalities	
	<input type="checkbox"/>	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: (<i>tick one box only</i>)		
	<input type="checkbox"/>	All the time	<input type="checkbox"/> Sometimes
	<input type="checkbox"/>	Never	
11	Please provide any details and examples of good practice in consultation during the 2014-15 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:		
	During the reporting period, the Trust sought to review the current and proposed Social Care support for Young People across Belfast with a specific proposal to develop a community based Young People's		

Resource Team, based in a Resource Centre, and supported by a wider range of foster care provision. This would be achieved through the re-designation of a short term residential facility for young people. Whilst the Trust considered this to be a much better option with better outcomes for young people, it was important to take on board the views of young people and how it could impact upon them. Voice of Young People in Care sat on the project group. Interviews were held with parents of previous and current residents of College Park Avenue Children's Home. The Trust commissioned VOYPIC to facilitate two workshops, one to one meetings and questionnaires with a total of 24 young people to ensure that the views of young people were considered in the decision making process.

Internal engagement and consultation The Right Time, The Right Place (April 2014)

This represents a significant strategic driver for the provision of health and social care in Northern Ireland. It constitutes 'an expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland'

Former Health Minister Jim Wells sought feedback from all the Trusts regarding the proposals. Belfast Trust began an internal consultation seeking the views of all staff to form a response on Sir Liam Donaldson's 10 recommendations contained in his report, 'The Right Time, The Right Place'. A staff survey was developed along with various workshops to ensure that the response reflected the views of staff on the ground. The collective response formed part of the HSC's overarching response that will be submitted to Minister Jim Wells in April 2015

Let's Talk Trust

"Let's Talk Trust" formed part of the Trust's Organisational development process, both engaging directly with and aligning our staff on what Belfast Trust stands for and what sets it apart- our corporate identity.

The purpose of "Let's Talk Trust" was to capture a few words or phrases to inform a strapline that will capture our corporate identity moving forward.

Between 10th February 2015 and 16th March 2015, Belfast Trust engaged with staff throughout the Trust to find out what type of organisation we want the Trust to be. An online questionnaire was made available to staff and was accessible through Intranet HUB main pages. A dedicated email address was provided for any thoughts or comments to be shared. This information was emailed Trust-wide on several occasions and the 'Let's Talk Trust' branding and logo was encouraged to be shared at team meetings and corporate events. We asked staff to share words, phrases and statements in answer to the question "What type of organisation do you want Belfast Trust to be?"

Let's Talk Trust was launched at the Chief Executive's Briefing on 10th February 2015 and also profiled at a variety of events including Corporate Welcome, the 2015 Recognition of Learning Event, CD Forum and Road shows in some of the main hospital sites.

Additionally, members of the team from Human Resources pledged to carry out a 'survey day' to coincide with NHS Change Day initiative on 11th March 2015. More than 60 locations were visited throughout the Trust boundaries and feedback was sought from more than 300 employees.

There were approximately 1400 questionnaires returned which included 695 individual submissions through the online form, responses from 451 members of staff captured at team meetings and focus groups, 232 hard copy questionnaires which were returned from the HR Survey Day and 20 emails through the dedicated email address. This amounted to 2000 statements being recorded, an excess which is accounted for by the multiple entries from individuals.

The data collected during Let's Talk Trust extended much wider than the project which was to generate a strapline for the Trust. It was clear from the responses submitted that staff used this opportunity to voice opinions and views on how they felt, we as an organisation should be and constructively criticised how we current are. The richness and breadth of the data collected provides an exciting opportunity as an initial engagement project for us to commence and influence future actions on how we shape the framework of our organisation.

It was acknowledged that once we talked Trust, it was imperative to act Trust. The new strapline for the Trust based on the wide engagement process is "Caring, Supporting, Improving Together"

	<input type="checkbox"/>	Questionnaires
	<input type="checkbox"/>	Information/notification by email with an opportunity to opt in/out of the consultation
	<input type="checkbox"/>	Internet discussions
	<input type="checkbox"/>	Telephone consultations
	<input type="checkbox"/>	Other <i>(please specify)</i> :
	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:	
13	Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2014-15 reporting period? (tick one box only)	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Not applicable
	Please provide any details and examples:	
	<p>Being an organisation who 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.</p> <p>The Trust uses consultation documents and consultation forums to engage with consultees.</p> <p>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.</p> <p>Production and dissemination of Good relations bi annual bulletins.</p> <p>Policy screening and the quarterly screening outcome report.</p> <p>Production and dissemination of Annual Progress Report.</p> <p>Engagement and partnership working re Good Relations.</p>	

14	Was the consultation list reviewed during the 2014-15 reporting period? <i>(tick one box only)</i>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable – no commitment to review
<p>Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)</p> <p><i>[insert link to any web pages where screening templates and/or other reports associated with Equality Scheme commitments are published]</i></p>			
15	Please provide the number of policies screened during the year (as recorded in screening reports):		
	45		
16	Please provide the number of assessments that were consulted upon during 2014-15:		
	1	Policy consultations conducted with screening assessment presented.	
	1	Policy consultations conducted with an equality impact assessment (EQIA) presented.	
	0	Consultations for an EQIA 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:		
	<ul style="list-style-type: none"> ✓ Proposed Outline Procurement Model for Domiciliary Care Service 2015/2016 ✓ Supporting Young People in their Community: A Consultation and EQIA on Social Care Services for Young People (aged 11-17) 		
18	Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? <i>(tick one</i>		

<i>box only)</i>							
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No concerns were raised	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
Please provide any details and examples:							
Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)							
19	Following decisions on a policy, were the results of any EQIAs published during the 2014-15 reporting period? (<i>tick one box only</i>)						
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable		
Please provide any details and examples:							
Outcome report on Supporting Young People in their Community: A Consultation and EQIA on Social Care Services for Young People (aged 11-17).							
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 2014-15 reporting period? (<i>tick one box only</i>)						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No, already taken place				
<input checked="" type="checkbox"/>	No, scheduled to take place at a later date			<input type="checkbox"/>	Not applicable		
Please provide any details:							

21	In analysing monitoring information gathered, was any action taken to change/review any policies? <i>(tick one box only)</i>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	Please provide any details and examples:
	Decision to introduce BCH Direct to allow older frail people to have direct access to hospital through GP referral.
22	Please provide any details or examples of where the monitoring of policies, during the 2014-15 reporting period, has shown changes to differential/adverse impacts previously assessed:
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:
	<p>Ethnic Monitoring of Service Users is in place in a number of key information systems – Child Health System, PAS, SOS CARE, SureStart and NIMATS. An audit of progress on implementation on each of these systems is planned for July / August 2015. The Ethnic Monitoring leaflet for Service Users has been translated into the top five languages and has been circulated throughout the five Trusts. Information for staff in the form of Key Tips for Staff has also been circulated and is available on the Trust’s intranet sites. This information has also been included in information packs for a Regional Midwifery Conference, (23-1-15).</p> <p>Specific training has also been provided to other groups of staff e.g. through the Social Work Forum. The Regional Ethnic Monitoring Guidance has been finalised and the Regional Ethnic Monitoring Group are in discussions with the HSCB in relation to the roll out of this Guidance.</p> <p>The Ethnic Monitoring Project in HSC has been positively referenced by the OFMDFM Race Equality Unit. Ethnic Monitoring of staff continues to be collated by the Trusts and this has been enhanced by HRPTS Self-Service functions.</p>

	<p>HRPTS is the online Human Resources, Payroll, Travel and Subsistence system in the Belfast Trust which replaces the forms that were previously paper based. The implementation of the HRPTS system is based upon the principle of self service for both employees (ESS) and the manager (MSS) perspective. This new system is to streamline the organisation, making processes faster and more efficient and allows employees to update their equality and diversity information in terms of their religious belief, ethnicity, nationality, disability, caring responsibilities, age, political opinion and sexual orientation. It is anticipated that staff will be more likely to record their Section 75 categories more openly through self-selection and will in turn produce more accurate workforce profile – particularly in areas such as disability where people may be reluctant to disclose and where there is currently a significant level of non-disclosure.</p>
<p>Staff Training (Model Equality Scheme Chapter 5)</p>	
<p>24</p>	<p>Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2014-15, and the extent to which they met the training objectives in the Equality Scheme.</p>
	<p>Mandatory Equality Training</p> <p>The Trust has reviewed its mandatory equality training programme for staff and managers and introduced annual compliance reports to Service Leads. 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 is currently under development and is scheduled for launch later this year.</p> <p>An additional menu of equality training for staff continues to be provided. During the course of the year a training programme focusing on managing disabled staff and reasonable adjustments in the workplace was piloted and is now incorporated into the Trusts 2015-16 Learning and Development Programme. In addition this topic has been incorporated into the mandatory management of attendance training for all Trust managers.</p> <p>Equality staff continue to support Learning & Development vocational training programmes with equality training in addition to the provision</p>

of bespoke training to directorates.

Between April 2014 and March 2015, the following training sessions took place:

Course	No of Attendees
Mandatory Equality training for Staff and Managers	1414
Managing Disability and Reasonable Adjustments in the Workplace	85
Human Rights Training	95
Disability Awareness	110
Good Relations	55
Domestic Abuse Support Service Training	34
Working well with interpreters	46
Corporate Induction	786

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. An on-line training option for staff and a training manual is under development.

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

Specialist equality training is provided in the following areas:

- Managing Disability and Reasonable Adjustments in the Workplace
- Disability Awareness
- Working Well with Interpreters
- Domestic Abuse Awareness
- Human Rights Awareness
- Good Relations

- Screening and Equality Impact Assessment
- Bullying and Harassment
- Maternity Information Sessions.

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.

Whilst all staff undertake mandatory equality training, it was acknowledged that it would be useful to have an equality manual to complement face to face training and which would provide staff with a reference guide. This resource has been drafted and it is anticipated that it will be published in August 2015.

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 half day, participants will 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 will also be 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 half day by a Senior Manager.

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

A new learning and development portfolio was formally shared at the Trust Recognition Event in March 2015 and sets out a wide range of learning and development opportunities for all bands and professions working throughout the Trust. The Director of Human Resources and Organisational Development stated that "this portfolio includes a number of programmes that will ensure the Belfast Trust is one of the highest performing Health and Social Care providing Trust in the UK"

The Trust training team facilitates a British sign language level 1 course for Trust Staff delivered by the Physical Health & Disability Team. The sign language course is open to all staff and is designed to teach learners to communicate with deaf people/service users using British Sign Language (BSL) on a range of topics that involve simple, everyday language use.

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.

The Trust offers:

- 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.

Building Emotional Resilience across the city of Belfast

To celebrate World Mental Health Week, the Belfast Health & Social Care Trust, in partnership with a range of its community stakeholders, celebrated the recent success of a 2 day Top Tips for Looking After Yourself Train the Trainer Programme (T4T). As a result of the T4T,

	<p>thirteen community representatives from across the city are now trained to deliver this programme. The aim of the programme is to build and strengthen resilience across Belfast, through developing confidence skills and self-help strategies among communities that will enable and enhance individuals, to protect and promote their emotional wellbeing.</p>
<p>25</p>	<p>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:</p>
	<p>There are a raft of legislative duties which oblige Belfast Health and Social Care Trust to consult on the development of any of its significant proposals or strategic change projects. These include:</p> <ul style="list-style-type: none"> • Section 75 of the Northern Ireland Act 1998 (namely Equality duties) • Section 19 and 20 of the Health and Social Care Reform Act 2009 (Otherwise known as Personal and Public Involvement). <p>In addition to this Belfast Trust has made a formal commitment within its Industrial Relations Framework and its Organisational Management of Change Framework to consult with Trade Unions and staff.</p> <p>Effective facilitation and implementation of these consultation arrangements have been crucial in consolidating strategic review and substantial changes in the way the Trust has provided services: the Acute Services Review, Older People Services, Maternity Services, Mental Health and Learning Disability Services. The Trust has worked to mainstream their Section 75 statutory obligations through its Equality Scheme and the provision of mandatory Equality Training for both staff and managers. The Personal and Public Involvement Consultation Scheme is due to be reviewed. Given the size and scale of the Trust, it is imperative that there is the appropriate level of buy-in from Managers and Project Leads and subsequent adherence to the requirements to ensure that due process is followed.</p> <p>On 30th October 2014 the Minister for Health and Social Services illustrated the financial plan up until the end of the financial year. HSC Trusts were required to implement further cost savings measures to try</p>

to fulfil their statutory obligation to break even at the end of the financial year. This resulted in the Trusts' development of contingency measures in a short time period. Some of these contingency measures could not be implemented because due process had not been followed in terms of statutory responsibilities.

In November 2014 updated guidance in relation to consultation requirements was issued to all HSC Trusts from the Permanent Secretary. This guidance built upon previous consultation guidance from the previous Permanent Secretary. There soon after ensued a publication of guidance from the Equality Commission in relation to Section 75 and budgets.

A learning need was identified and it was proposed that a workshop be convened for Trust programme leads and service managers in order to equip them with a breadth of knowledge in regard to consultative requirements.

The purpose of the workshops was to assist managers to effect change through statutory and legislative requirements specifically in regard to consultation, Personal and Public Involvement and Equality and to provide practical advice and guidance to managers embarking on service change and help navigate through each step of the process.

Notable during this reporting period were these consultation and communication workshops and feedback from participants indicated that they were welcomed. The workshops were deemed to come at a timely interlude when managers and those required to bring forward reform and efficiency proposals needed the specific knowledge on how to not only follow due process but to make informed decisions. The workshops did focus on the ECNI short guide to Section 75 and budgets, which helped to dispel any potential misapprehensions that Section 75 screening and equality impact assessment would impede progress of the necessitated efficiency requirements.

A flavour of the feedback is highlighted below:

- Excellent, well-constructed and interesting
- Workshop integrated parallel processes and now appreciate the cross cutting of HR, Consultation and PPI and Equality issues
- Really useful synopsis of the area, food for thought especially in

	<p>making any changes in services</p> <ul style="list-style-type: none"> • Built confidence in use of planning and process to make difficult decisions not as uncomfortable.
<p>Public Access to Information and Services (Model Equality Scheme Chapter 6)</p>	
<p>26</p>	<p>Please list any examples of where monitoring during 2014-15, across all functions, has resulted in action and improvement in relation to access to information and services:</p> <p>Online Information</p> <p>Feedback and research have previously indicated that there was a need to produce more alternative formats for people with communication support needs. The Trust has responded to this by creating an online library for accessible formats – it contains generic health and social care information which has been transcribed into easyread publications and translated materials. The Trust has recently conducted an audit of easyread materials across different service and corporate groups to establish a baseline.</p> <p>Healthy Relations for A Healthy Future</p> <p>When Belfast Health and Social Care Trust conducted engagement and consultation sessions with members of the public, community groups, and service users regarding development of a Good Relations Strategy, feedback proved insightful and key in developing a meaningful Strategy and Action Plan. One message that was communicated was that people generally were not aware of some of the proactive initiatives that the Trust was already undertaking to promote good relations. When the Healthy Relations for a Healthy Future Strategy was developed, one of the core commitments within the Action Plan was the introduction of a biannual bulletin to raise awareness amongst service users and community groups about some of the work that have previously gone under the radar. This bulletin not only helps provide information about the many initiatives, but also reiterates the Trust's explicit commitment to promote good relations.</p> <p>Click here for an example of one of the bulletins published in</p>

December 2014 [http://www.belfasttrust.hscni.net/pdf/1086 -
Good relations bulletin 19Dec.pdf](http://www.belfasttrust.hscni.net/pdf/1086_-_Good_relations_bulletin_19Dec.pdf)

This is circulated to Trust level 4 managers and above; Trust Board; 350 community and voluntary groups; Statutory organisations and other Health Social care Trusts; political parties; libraries and Trust Wellbeing and Treatment Centres and is published on the Trust's website. The Trust has received excellent feedback in regard to this bulletin from many different sources - both internally and externally. e.g. Thank you for this, what a great/positive newsletter, "very informative and has given me valuable information about the work of BHSCT "

Northern Ireland Health and Social Care Interpreting Service

Belfast Trust continues to facilitate communication with service users who are not proficient in English as a first or second competent language through the use of the professionally trained and accredited interpreters in either a face to face capacity through the Northern Ireland HSC Interpreting Service or via telephone through the Big Word.

Demand for interpreting continues to grow with 96,751 requests for interpreting from April 2014-March 2015 across the region - this is a further increase from the previous year of 9,067 requests. In terms of the Belfast Trust HSC Trust area (n.b. this includes GPS), the demand over this reporting period has gone from 23,810 to 28,995 - an increase of 5,185. Belfast Trust top 10 languages are: Polish, Romanian, Chinese-Mandarin, Slovak, Arabic, Chinese-Cantonese, Hungarian, Portuguese, Somali and Lithuanian. Notable in this range is that Romanian has gone from third to second most requested language and this could be attributed to the Romanian Roma community who have come to settle in recent years in Belfast. Eastern European languages continue to be prominent in Belfast Trust area - largely because of the number of Eastern Europeans who have come to Northern Ireland seeking employment opportunities. The level of Somali requests would reflect the small Somalian refugee community in Belfast and who have a range of health and social care needs.

As reported in Section 1, the Trust continues to work with the HSC Board and Business Services Organisation to review usage and to ensure that the appropriate type of interpreting is used for appointments. For simple, straightforward and short appointments,

telephone interpreting is the most appropriate and most cost effective. This facilitates usage of face to face interpreting for the more complex or sensitive appointments.

Trust bereavement booklets in 10 other languages

Staff will now be able to provide bereavement information to bereaved families, in their own language through the development of bereavement booklets to assist families after death; to help them and their children understand their grief and provide contact details of some local support organisations. The booklets and leaflets will support conversations held with families around the time of and after death, recognising that the shock or distress that follows death can make it difficult for them to retain information. They will also help staff understand the processes around death, which will be useful when supporting bereaved people or in the event of a personal bereavement.

Access and communication enhanced with multilingual check-in booths at the Cancer Centre

Communicating effectively with patients, clients and carers is a priority for Belfast Trust and in recognition of the increasingly culturally and linguistically diverse population that we serve, check-in booths in a variety of languages have been installed at the Cancer Centre at Belfast City Hospital. This facilitates a much more streamline check-in service for those outpatients who are not proficient in English. Inpatients can now choose from eight of the most popular languages to let reception staff and consultants know they have arrived for their appointment. Once checked in, patients receive a numbered ticket and are directed to the appropriate waiting area for their clinic. Clinical and admin staff can view the system on their PC to see when a patient has arrived, and call the patient to a clinical room for their appointment from the PC. Patients see when they are being called via wall mounted screens, their names can also be called out.

As well as improving access to services the booths have a number of advantages. They can reduce queues at reception and enable patients to update their information if required. The waiting times for each clinic can be shown on the screen. The patient flow can be built into the system so that the patient is directed to the correct waiting area, or other department or investigation etc. before being seen at the clinic. Clinicians can see when a patient has arrived on their PC and can use the system to call the patient to their room, without having to

	<p>go the waiting area. The patient's attendance is automatically recorded on Patient Administration System when they check into the booth. Information on the number of clinics running, the Consultant name and the waiting time for each clinic are displayed on the screens in the reception area. The languages on the screen can be changed in accordance with the most popular languages used at the hospital.</p> <p>The Multi-Cultural and Beliefs Handbook has been maintained and updated to help practitioners and staff provide culturally sensitive and competent services.</p>		
Complaints (Model Equality Scheme Chapter 8)			
27	How many complaints in relation to the Equality Scheme have been received during 2014-15?		
	<table border="1"> <tr> <td>Insert number here:</td> <td>0</td> </tr> </table>	Insert number here:	0
Insert number here:	0		
	Please provide any details of each complaint raised and outcome:		

Section 3: Looking Forward	
28	Please indicate when the Equality Scheme is due for review:
	The Equality Scheme will be reviewed 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? <i>(please provide details)</i>
	<ul style="list-style-type: none"> • Review of pilot screening template and guidance • Development of best practice EQIA template • Consultation and equality impact assessments on social and acute care reform • Procurement workshop

	<ul style="list-style-type: none"> • Development of ELearning on equality, good relations and human rights • Development of human rights based approach to health and social care - which is intrinsically linked to principles and fundamental ethos of equality of opportunity • Extension of Age Discrimination legislation to Goods, Facilities and Services.
30	In relation to the advice and services that the Commission offers, what equality and good relations priorities are anticipated over the next (2015-16) reporting period? <i>(please tick any that apply)</i>
	<input checked="" type="checkbox"/> <u>Employment</u>
	<input checked="" type="checkbox"/> <u>Goods, facilities and services</u>
	<input checked="" type="checkbox"/> <u>Legislative changes</u>
	<input type="checkbox"/> Organisational changes/ new functions
	<input type="checkbox"/> Nothing specific, more of the same
	<input type="checkbox"/> 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:

22

Fully achieved

1

Partially achieved

Not achieved

2. Please outline below details on all actions that have been fully achieved in the reporting period.

22 actions have been fully achieved within the timeframe but some of them by their nature will be ongoing progressive actions.

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 ⁱ	Outcomes / Impact ⁱⁱ
National ⁱⁱⁱ			
Regional ^{iv}	A Regional HSC Event was held on 30 th September 2014 to raise awareness of Public Appointments Process for people with a disability. Key note speakers included: Lynda Gordon, SHSCT, Catherine Donnelly, DHSSPS, John Keanie, Commissioner for Public Appointments, Gerard Guckian, Chairman, WHSCT and Suzanne McCartney SEHSCT. Paschal McKeown from MENCAP chaired the event.	Event attended by 40 individuals from a variety of backgrounds including: Disability Organisations, the Equality Commission, Voluntary / Community sector, HSC organisations and other Public Authorities.	To address the under representation of people with a disability on public bodies. To clearly explain the processes associated with the Public Appointment system. To increase the capacity for individuals to apply for posts. The promotion of opportunities for people with

			<p>a disability on public bodies. A number of individuals contacted the DHSSPS Public Appointments Unit after the event and requested a further meeting to discuss their suggestions for improvements in the Appointments process.</p>
<p>Local^v</p>	<p>The Trust has a Disabled Employee Network for staff.</p>	<p>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.</p>	<p>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.</p> <p>Network representatives engaged and shared practice with regional colleagues with a view to developing a Regional HSC Disability Steering Group to</p>

	Disability Steering Group Request for Equality Officer from Mencap to join group.	Learning Disability representation on Steering Group.	<p>share resources and good practice across the sector.</p> <p>The Chair of the network is member of the Trust's Disability Steering Group.</p> <p>Review of how minutes are recorded and meetings conducted to ensure that they meet needs of all representatives.</p> <p>Perspective of people with learning disability mainstreamed into DSG.</p> <p>Greater participation of disabled persons in public life.</p>
Promoting positive attitudes towards disabled people		Outputs	Outcomes
	<p>The Trust will increase the number of its documents produced in an easy read format and will ensure that this information is readily available on an online easyread library.</p> <p>The Trust will conduct a baseline</p>	<p>The online easyread library is now available on the Trust website.</p> <p>Baseline completed by May</p>	<p>Greater access to easyread materials.</p> <p>Greater awareness of staff of need to consider alternative formats</p>

	disability accessibility perspective and make recommendations for improvements	disability access. This includes elements which are a higher standard than expected in current statutory access guidance and includes good practice guidance from across the spectrum of disability organisations.	projects in the Trust. It will engender best practice in accessibility for service users and staff in Trust facilities.
--	--	--	---

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

	Training Action Measures	Outputs	Outcome / Impact
1	Mandatory equality training for all managers and staff. This includes disability, human rights and good relations.	1414 staff and managers attended during this reporting period.	Promotion of positive attitudes toward disabled persons. Improved patient experience as a consequence of increasing awareness and promoting positive attitudes.
2	Managing Disability and Reasonable Adjustments in the Workplace (Pilot Programme 2014-15) Attendance Management Training - incorporating DDA and Reasonable Adjustment Duty.	85 people attended the pilot programme.	Promotion of positive attitudes towards staff with a disability. Increased awareness and practice of more responsive management approach to staff with a disability.
3	Mental Capacity legislation	172 staff members attended	Staff will be better equipped

	<p>training</p>	<p>Consent and Capacity Training (Older people, Learning Disability and Mental Health).</p> <p>In addition 75 staff members attended awareness sessions in relation to the Mental Capacity Bill.</p> <p>The issue of mental capacity is also a component part of other training delivered by the social work / social care training team for example Adult Safeguarding, Direct Payments, Deprivation of Liberty Safeguards, mental health awareness, dementia training, Human Rights Training and training in relation to the Mental Health Order 1986.</p>	<p>to deliver services and interact with service users in accordance with the principles of mental capacity legislation.</p>
<p>4</p>	<p>A sub group has been established of the Disability Steering Group – dedicated to training and legislative reform</p>	<p>The sub group looked at accessibility of training facilities and training delivery and made recommendations in regard to these areas.</p> <p>This sub group were</p>	<p>Greater staff awareness of the importance of Human Rights and Disability Considerations across service provision and policy development.</p>

		<p>instrumental in ensuring that Trust reception staff receive training regarding effective and responsive communication with people with a disability.</p> <p>The group has developed a new programme of work for the coming year.</p>	
5	Staff training- Face to Face training and online training	<p>Belfast Trust is scoping the possibility of e-learning training encompassing the disability duties, Section 75 duties and human rights with other HSC organisations. Feedback has indicated that Discovering Diversity has not met the needs of participants and is unwieldy to access.</p>	<p>It is envisaged that this will provide an alternative to face to face training and will give a complete awareness regarding Disability Equality, UNCRPD, Human Rights, Equality and Good Relations and make it specific to each HSC organisation by hosting it on their own intranet.</p>

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

	Communications Action Measures	Outputs	Outcome / Impact
1	Production of leaflet on UNCRPD.	Completed. Please see appendix.	This resource will be formally launched at a workshop in

			early Autumn 2015 for the Regional Physical and Sensory Disability Workshop.
2	Belfast Trust led on the review of Making Communication Accessible.	Belfast Trust worked in partnership with disabled people and representative organisation to review this resource involved. It addresses communication barriers and gives practical advice to enhance effective communication.	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. Please see appendix.
3	Continue participation on the Regional Physical Sensory and Disability Strategy Implementation Group.	<p>Action to address inequalities and identify gaps in service provision.</p> <p>Cross Departmental work including HSC Board, PHA, Trusts, DEL, DSD, voluntary organisations and service users.</p>	<p>Good Practice Guidance Checklist to ensure the needs of people with disabilities are considered in the design and development of health promotion programmes/campaigns.</p> <p>A regional deafblind needs analysis report has been produced with key recommendations.</p> <p>Self-directed support programme launched 2014/15 to make sure</p>

			<p>individuals and their families have greater control and more flexibility over a personal budget. It includes a number of options for getting support.</p> <p>The Accessible Formats policy and guidance has been issued to HSC organisations through the Regional Accessible Formats Steering Group.</p>
	<p>Implementation of Northern Ireland Autism Strategy</p>	<p>The Regional Autistic Spectrum Disorder Network (RASDN) was established to take forward the Department of Health, Social Services and Public Safety's (DHSSPS) Autism Spectrum Disorder (ASD) Strategic Action Plan 2008/09 – 2010/11 (June 2009). The Strategic Action Plan was developed in response to the recommendations outlined in the Independent review of Autism Services (2007). The objectives of RASDN were to implement the DHSSPS's three year ASD Strategic</p>	

Action Plan 2008/09 – 2010/11.

This Action Plan included specific recommendations in relation to:

- service design/redesign to improve autism care;
- performance improvement;
- training and awareness raising;
- communication and information; and
- effective engagement of partnership working.

The Belfast Adult Autism Advice Service (BAAAS) was developed in accordance with the principles of local and regional policies, specifically the Autism Act (Northern Ireland) 2011. The Act incorporated amendments to Schedule 1 of The Disability Discrimination Act 1995 and set out plans to develop the Autism Strategy.

The Autism Strategy (2013 – 2020) and Action Plan (2013 - 2016) were presented to The Assembly on the 14th January 2013. The strategy is a key requirement of the Autism Act (Northern Ireland) 2011. It is forging new ground as the first cross departmental strategy of its kind, addressing the needs of people with autism and their families and carers.

The Belfast Adult Autism Advice Service (The BAAAS)
The BAAAS is a “First Stop Shop” made up of a small multi-agency team providing advice and guidance to adults and young people with autism and those who support them.

The information and signposting service will cover a wide range of information needs including education, training and employment, social benefits, housing and promoting wellbeing. The

		<p>service will provide individuals with 'on the day' information, opportunities to meet with other individuals with autism; and the opportunity to access post-diagnostic support through group sessions.</p> <p>The service is available to individual's aged 16 years and over.</p>	
--	--	--	--

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

	Encourage others Action Measures	Outputs	Outcome / Impact
1	Roll out of Complaints DVD	<p>Use of alternative formats to facilitate access to the HSC complaints procedure.</p> <p>Enhance the patient experience via service improvements.</p>	<p>Improved 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>
2	The provision of work experience opportunities for people with disabilities is a key objective of the Plan and of the Trust Disability	During the year the Trust, through its Disability Steering Group, increased its commitment from 15 to 24	Enhancing employability of participants.

	<p>Steering Group. In order to meet this objective the Trust engages proactively with a number of statutory and voluntary organisations such as the Orchardville Society, Action Mental Health and Disability Action to provide work placement opportunities for people with disabilities.</p> <p>In addition the Trust has continued to support and extend the ring fenced posts in the area of Mental Health with the recruitment of 4 Peer Support workers through DEL's Workable Scheme.</p>	<p>placements per year. In order to ensure the Trust meets its annual targets each Directorate, based on workforce size and nature of job roles, has allocated a minimum number of placements to facilitate each year. Advice and guidance for managers has been developed and distributed across the Trust.</p> <p>4 peer support workers.</p>	<p>Enhancing employability of participants.</p>
	<p>Roll out of HRPTS Self-Service function in relation to Equality Monitoring which incorporates Disability considerations.</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>
	<p>The Trust has maintained its member of Excellence</p>		

	accreditation with Employers for Disability		
--	---	--	--

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

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1	Inclusive Communication Showcase	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.	
2	Development and roll out of Self Directed Support arrangements which will come into effect from	The Trusts in partnership with the Health and Social Care Board (HSCB) are introducing a new way of	Self Directed Support will offer more control, flexibility and independence to people as they choose the support

	<p>June 2015.</p>	<p>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 commenced by the HSCB in February 2015.</p> <p>Trusts facilitated consultation events in each of their areas on Self Directed Support and staff training has commenced on the proposed changes. Continued role out of the Public and Personal Involvement (PPI) agenda along with specific actions to target hard to reach groups including disabled persons.</p> <p>Targeted consultation sessions with Disabled</p>	<p>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> <ul style="list-style-type: none"> • Employing your own personal assistant • Or having support staff visit at a time that • You choose • Flexible options for short breaks • Accessing community opportunities. <p>Self Directed Support does not replace traditional services and people can</p>
--	-------------------	--	---

		Persons/Groups e.g. Self Directed Support. Updated consultation list	continue with their existing package.
--	--	---	---------------------------------------

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

	Action Measures partly achieved	Milestonesvi / Outputs	Outcomes/Impacts	Reasons not fully achieved
1	To contribute to the Regional Support Services Review Task and Finish Group established to scope and review communication support service provision for health and social care	This work is underway and is being led by the Health and Social Care Board		There are plans to complete this review within the coming year.

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

	Action Measures not met	Reasons
1		

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

(a) Qualitative

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;
- 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

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Please select

If yes please outline below:

	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			
5			

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

No.

Accompanying Document to the Trust's Equality Scheme

Trust Equality Scheme

S75 Action Based Plan

(Period 1st May 2014 – 30th April 2017)

Update on Progress for period

1st May 2014-31st March 2015

English: This document can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English.

Polish: Aby wyjść naprzeciw potrzebom osób, które nie mówią biegle po angielsku, ten Plan Działania może być udostępniony w językach mniejszości etnicznych na życzenie.

Lithuanian: Šis veiksmy Planas pareikalavus gali būti pateiktas tautiniu mažumu kalbomis, kad atitiktų sklandžiai nemokančių anglų kalbos poreikius.

Portuguese: O Plano de Ação está disponível, à pedido, em outras línguas, para atender às necessidades das pessoas que não são fluentes na língua Inglesa.

Tetum: Aksaun Planu ida né,se bele fo ou halo iha liafuan etnika minoria sira nian, nebe bele husu, para bele ajuda ba ema sira nebe la hatene koalia lian Inglés.

Latvian: Šis darbības plāns var būt pieejams mazākumtautību valodās pēc pieprasījuma, lai palīdzētu tiem, kam ir nepietiekamas angļu valodas zināšanas.

Russian: Сейчас план проводимой работы может быть доступен так же на языках этнических меньшинств, по просьбе тех, кто не владеет свободно английским языком.

Czech: 'Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu na požádání poskytnout v jazycích etnických menšin.'

Slovak: Tento Akčný Plán môže byť na požiadanie dostupný v jazykoch národnostných menšín z dôvodu zabezpečenia potrieb tých, ktorí nie sú spôsobilí mu porozumieť v angličtine.

Chinese- (Cantonese): 這行動計劃草案將會根據需求被翻譯成各種小數族裔語言去迎合那些英語不流利的人士的需要。

Update for Year 1	
Actions	Total: 28
Completed	12
Ongoing	15
To Commence	1

Section 1 – Cross Cutting Themes

Theme 1 – Improving Access to Services, Communication and Information

Recurring Theme Inequalities Audit – Language and communication difficulties present as major barriers in accessing Health and Social Care for some S75 Groups

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 1: Regional Ongoing Action</p> <ul style="list-style-type: none"> ▪ Review of guidance and policies on provision of interpreting support. ▪ Ensure equality of opportunity for BME people in accessing health 	<p>Interpreting support</p> <p>To support the implementation of the findings of the review of interpreting support for health and social care appointments commissioned by the Health and Social Care Board (HSCB).</p> <p>Support will be</p>	<p>Regional Oversight Steering Group established.</p> <p>Action plan developed.</p> <p>Regional Strategy developed.</p> <p>Sustainable, fit for purpose model of</p>	<p>Increase in the number of people who access interpreting support including those who do not speak English as a first language, for example, BME Communities and Migrant Workers and those who speak Irish as a first language.</p> <p>Increase use of telephone interpreting where appropriate to</p>	<p>Year 1</p> <p>Action Plan that will be subject to on-going monitoring.</p>	<p>HSCB</p> <p>Northern Ireland Health and Social Care Interpreting Service (NIHSCIS)</p> <p>Equality Leads/HSC organisations</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>and social care services.</p> <ul style="list-style-type: none"> Reduce language and communication barriers. <p>Sources: The Health of BME, King’s Fund, London</p> <p>NICEM</p> <p>Ethnicity, Equality and Human Rights: Access to H&SS in NI</p> <p>New to Northern Ireland – A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland</p>	<p>provided through participation in a regional oversight steering group established to ensure the review findings are taken forward.</p> <p>To run “working well with interpreters” training across all Trusts.</p> <p>To promote awareness of the Code of Courtesy for the Irish Language through above Working Well with Interpreters sessions, via associated Professional Codes for Interpreters and HSC Practitioners - to include guidance on the Code of Courtesy</p>	<p>interpreting to help facilitate language support for increasing linguistic diversity in HSCNI.</p> <p>Programme of awareness raising to promote guidance.</p> <p>Service Level Agreement for future interpreting service.</p> <p>Extension to the regional register of interpreters to meet demand for minority languages Arrangements</p>	<p>make best use of available resources. Trusts will have a consistent approach to interpreting and translation Service model that will deliver future interpreting services.</p>		

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
European Charter for Regional or Minority Languages Review of Interpreting Support for Health and Social Care Appointments (HSCB) 2013	for the Irish Language.	are in place for telephone and face to face interpreting for the Irish Language as well as for written translations.			

Action 1 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The Northern Ireland Health & Social Care Interpreting Service (N.I.H.S.C.I.S.) was established in 2004 and was originally managed by the legacy Eastern Health & Social Services Board. In 2007, Legacy Trusts were asked to express an interest in taking on management and running of the Service. SEBT obtained responsibility for the Interpreting Service and in 2008, this was assumed by Belfast Health and Social Care Trust.

A review was commissioned by the Health & Social Care Board (HSCB) in 2011 - largely due to the seismic increase in demand for interpreting. Additionally, there was a need for increased accountability mechanisms and a regional strategic direction. A comprehensive review was conducted by the HSC Leadership Centre and was issued for full public consultation. This recommended a re-profiling of interpreting usage by increasing the ratio of telephone interpreting to face to face interpreting. Previously there had been a disincentive to use telephone interpreting as the costs were not covered for HSC Trusts by the Health and Social Care Board - whereas face to face interpreting costs were. In order to encourage the uptake of telephone interpreting the HSCB agreed to cover costs for both services. Another key recommendation was the transfer of management responsibility from Belfast Health & Social Care Trust (BHSCT) to the Business Services

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Organisation (BSO) in accordance with strategic direction for regional transactional services. It was acknowledged that there was also a need to invest and overhaul the somewhat antiquated database that was no longer fit for purpose given the increased demand. A Project Group Chaired by the HSCB's Director of Commissioning oversaw the associated workstreams to facilitate implementation. Equality Leads were represented on this Group by BHSCT Health & Social Inequalities (HSI) Manager who had overseen management of the service whilst it resided in the Trust.</p> <p>In accordance with the review recommendations, the NIHSCIS duly transferred to BSO on 1st October 2014. Workstreams progressed in terms of communication, the production of consistent regional guidelines and the development of a web-based portal for booking interpreters and for their acceptance or rejection of assignments. This system will also comprise an interface with Finance which will significantly reduce the volume of paper invoices, which were produced for the 95,000 + interpreting interactions. The practitioner will log onto the system and will be prompted to answer if their interaction warrants a face-to-face interpreter, given stipulated criteria. Depending on the duration, nature and complexity of the appointment, the appropriate interpreting source can be selected. Interpreters will use a barcode to scan in each practice or with each practitioner to verify the duration of the appointment. Work has been ongoing with Big Word, the telephone interpreting provider, to ensure that they can cater for the anticipated increase in demand once the new IT system goes live in Autumn 2015. A Regional Advisory Group will be established to inform the strategic direction of the service. It is envisaged that HSC Trust Equality Leads will be invited to partake in the Group in coming months.</p>					
Action 2: Regional Ongoing Action <ul style="list-style-type: none"> Support disabled people to better exercise their rights. 	Physical and Sensory Disability Strategy To continue participation on the Regional Physical	Framework established which sets out the key actions that will be taken forward	Improved understanding of future demand for Services by mapping existing services to establish potential gaps in addressing need.	Year 2 Project subject to ongoing monitoring The Disability	HSCB Equality Leads/HSC organisations including Specialist Services Team within

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<ul style="list-style-type: none"> Support the continuing development of an inclusive and effective range of high quality health and social care services. Develop a more integrated approach to the planning and management of services. <p>Source: Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA). Physical and Sensory Disability Strategy and Action Plan 2012–2015</p>	<p>Sensory and Disability Strategy Implementation Group to direct, coordinate and manage the project infrastructure and implementation of the Physical and Sensory Disability Strategy and Action Plan.</p>	<p>until 2015.</p> <p>Project action and implementation plan that includes actions to promote positive health, wellbeing and early intervention and actions to provide better services to support independent lives.</p> <p>Fully accessible communication and training materials, (including where appropriate web-based material)</p>	<p>Improved provision of high-quality advice and information to HSC, voluntary and community sectors to ensure effective decisions regarding the future planning, commissioning, delivery and monitoring of services.</p> <p>Improved collaboration between Trusts and local providers when designing new service models.</p> <p>Improved sharing of emerging service-based learning and good practice across NI.</p>	<p>Strategy Implementation Group is accountable to the DHSSPS for implementation of the Strategy. The Group ensures summary progress reports within each</p> <p>Trust area is provided to the HSC Board on a six-monthly basis.</p> <p>The measures of outcome and improvement achieved are assessed against Key Performance</p>	<p>Trusts.</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
		both for those using services and for health service professionals and practitioner		Indicators.	

Action 2 – Notes of Attainment: Action Completed/**Action Ongoing**/Action to Commence

Taking action to address inequalities and identify gaps in service provision is the overall rationale for the Physical & Sensory Disability Strategy 3 Year Action Plan which is now entering its final phase. The Strategy Implementation Group leading the work is cross Departmental and includes HSC Board, PHA, Trusts, DEL, DSD, voluntary organisations and service users. Actions taken forward to date include the following:

- A Good Practice Guidance Checklist has been developed to ensure the needs of people with disabilities are considered in the design and development of health promotion programmes/ campaigns.
- Developing Eyecare Partnership Regional Group has been established under the leadership of Dr J McCall (PHA) and R Curran (HSCB). Task Group 5 Promotion of Eye Health has been established and SIG is represented on this.
- A Task & Finish Group has been set up to identify and promote preventative messages in eye care.
- A regional deafblind needs analysis report has been produced with key recommendations.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<ul style="list-style-type: none"> • The HSCB has established a Project Board and Project Team structure to take forward Self-directed support programme. The promotion of Direct Payments will come under the auspices of the Self-directed Support programme • The Accessible Formats policy and guidance has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation. • Trusts Making Communication Accessible guide has been reviewed. • A Level 1 E-Learning awareness raising programme for hearing and sight loss has been road tested with Trust Staff Groupings • The HSCB continues to work with the NI Human Rights Commission to develop a human rights based approach model and associated resources • An evidence based analysis of a best practice model for emergency short breaks/respite was produced which included a checklist for identification of people at risk in a caring relationship. Trust contingency plans are in place to manage emergency situations. 					
Action 3: Regional Ongoing Action <ul style="list-style-type: none"> ▪ Increase staff awareness of 	Health and Social Care Booklet To review and launch updated Health and	Booklet reviewed and launched. Resource for people moving	Improved awareness of health and social care structure and services among people from minority ethnic	Year 1 Monitored through Annual S75 Progress Report to	Equality Leads/HSC organisations

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>cultural needs to eliminate barriers.</p> <ul style="list-style-type: none"> ▪ Ensure equality of opportunity for BME people accessing services. ▪ Need for clear up to date information for BME people. <p>Source: New to Northern Ireland - A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland, 2010</p> <p>OFMDFM Race Strategy 2005-2010</p>	<p>Social Care Booklet to provide information about health and social care to people from minority ethnic backgrounds who have moved to Northern Ireland.</p>	<p>into Northern Ireland.</p>	<p>backgrounds who have moved to NI. Improved access to services.</p> <p>More timely intervention and ultimately better health outcomes.</p>	<p>Equality Commission.</p>	

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 3 – Notes of Attainment: Action Ongoing</p> <p>Access to Health and Social Care Booklet</p> <p>This review was led by Belfast HSC Trust on behalf of all HSC Trusts. The booklet has been subject to review by the Health and Social Care family. Progress was delayed due to legislative reform in terms of the Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015. Health and Social Care Trust Equality Leads responded to the consultation on this legislation along with many other protagonists such as the Law Centre NI to extend the previous entitlement to allow asylum seekers free access to health care. The most recent version has been issued for comments to Health and Social Care Trust Equality Leads and to the Health and Social Care Board and DHSSPSNI Equality Leads. The booklet has also been shared with the Counter Fraud Unit in the Business Services Organisation for quality assurance. Subject to general consensus on the content of the booklet, it is envisaged the resource will be made available in September 2015.</p>					
<p>Action 4: New Regional Action</p> <ul style="list-style-type: none"> Access to mental health services for minority ethnic communities. Important to consider issues 	<p>Cultural Competence in Mental Health Services</p> <p>To develop an online toolkit to offer practical advice and good practice information for mental health practitioners on optimising their cultural</p>	<p>Draft online toolkit - developed in partnership with mental health service users and representative organisations.</p> <p>Toolkit piloted with mental</p>	<p>Increased awareness among mental health practitioners of potential barriers and challenges for minority ethnic communities accessing services.</p> <p>Improved access to mental health service for increasingly culturally</p>	<p>Year 1</p> <p>Monitored through Annual S75 Progress Report to Equality Commission and project steering group.</p>	<p>Belfast Trust in conjunction with HSC Trusts and Aware Defeat Depression.</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>relating to ethnicity and culture - Mental Health and Ethnic minorities in mental health services.</p> <p>Source: University of Birmingham & Northern Birmingham Mental Health Trust February, 1995 Research in 2013 conducted by Rooney for Ballymena Inter-ethnic Forum</p>	<p>competence.</p> <p>To develop a DVD and associated training materials on cultural competence in Mental Health Services.</p>	<p>health practitioners across the region.</p> <p>Online toolkit formally launched as regional resource on PHA website.</p>	<p>diverse population.</p> <p>Better health outcomes in mental health for BME service users.</p> <p>Increased confidence among BME service users to access and use mental health services.</p>		

Action 4 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Northern Ireland now is home to a much greater breadth of cultural diversity where the Census 2011 identified that 1.8 per cent (32,400) of the resident population of Northern Ireland belonged to Black and Minority Ethnic (BME) Groups, more than double the proportion in the 2001 Census. Research in 2013 found that there was a low uptake of mental health services by BME communities. Delivering mental health services can be complex, but this becomes even more difficult when cultural and linguistic differences exist. In 2013 the Public Health Agency (PHA) provided funding on a regional basis specifically to examine how HSC mental health providers could be supported in the delivery of culturally competent

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>services. Aware Defeat Depression worked in partnership with Health and Social Care Trust representatives to look at how best to support this initiative. This partnership convened a regional conference in June 2013 for mental health specialists across the statutory, community and voluntary sectors. The focus of this event was “Developing Cultural Competence when delivering Mental Health Services to Black and Minority Ethnic Communities”, which looked at the complexities of delivering mental health services in this context. There was general agreement that mental health professionals would welcome the development of an online toolkit for specific advice or good practice in this area. An Ethnic Minorities Mental Health Toolkit which essentially is a guide for Practitioners was developed as a result of the regional conference and feedback. It is available online at the PHA website and a number of hard copies have been provided to each Trust. The toolkit is broken down into quick reference sections with hyperlinks to more detailed reports or useful resources and there are a number of appendices with useful links. http://www.belfasttrust.hscni.net/pdf/BME_Cultural_Awareness_Document_sml.pdf. An accompanying DVD and Train the Trainer session will help improve usage and awareness of the resource and the concept of cultural competency.</p>					
<p>Action 5: Ongoing Regional Action</p> <ul style="list-style-type: none"> Need for enhanced networking structures with BME communities. <p>Source : Regional</p>	<p>Partnership working with BME Communities</p> <p>To further promote partnership working with BME organisations such as Stronger Together to help identify and address health and social care issues affecting BME</p>	<p>Engagement process established with representative individuals and organisations.</p> <p>Trust membership of local and regional networks.</p>	<p>Improved Networking with key groups.</p> <p>Enhanced health and social care services to BME service users.</p>	<p>Year 1 and on-going</p> <p>Annual monitoring via ECNI Progress Report.</p> <p>Monitoring of Steering Group Action Plan.</p>	<p>HSC Equality Leads and Trust PPI Leads.</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Minority Ethnic Health and Social Wellbeing Steering Group	communities.	Regional Funding of Network.			
Action 5 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
<p>The Regional Minority Ethnic Health and Social Well Being Network continue to support the Stronger Together Network. During the reporting year, one BME Health and Social Well Being Initiative was held in each of the 5 Trust areas. Local engagement sessions included workshops on No Recourse to Public Funds and Domestic Abuse. The database for local BME Groups was also updated. There is a plan to expand the New Entrance Service (NINES) Project from Belfast Trust area to the Southern Health and Social Care Trust area during 2015/16. In addition to this an application for funding has been made to support a Regional BME Carers Research Project Trust staff have also been engaged in working with the new Councils in the development of an assessment of need and profiling of BME communities.</p>					
Local BHSCT action:	Action 6: New action				
Staff attitude and Behaviour one of top 6 Belfast Trust Complaints	Production of equality manual to complement mandatory equality training and as reference guide for staff	Develop equality manual comprising information regarding both service users and staff	Improved staff attitude and behaviour Improved patient experience with responsive and person centred care	Year 1 and subject to annual review	BHSCT Health and Social Inequalities Manager

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 6: Notes of Attainment: Action Completed/Action ongoing/Action to commence					
<p>The manual has been developed and details the public sector equality duties. It provides an overview of equality and human rights law. It is also hoped that the Equality Manual will be a local, accessible and relevant resource that will assist with mainstreaming Equality and Human Rights in all that Trust staff do as employees and service providers. To demonstrate the Trust's commitment to ensuring equality and human rights is at the heart of all that we do all, staff are required to attend equality training once every five years during their employment. This manual has been produced as a resource to complement the mandatory training and has been greatly informed by feedback from staff who have attended the training. It will be officially launched in September 2015.</p>					

Section 1 – Cross Cutting Themes

Theme 2 – Service Monitoring

Recurring Theme Inequalities Audit – Absence of an effective monitoring system makes it difficult to plan and respond to the changing need profiles of the population and model services accordingly

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 7: Ongoing Regional Action -</p> <ul style="list-style-type: none"> ▪ A need to improve ethnic monitoring of services. <p>Source : NICEM Seminar Report,</p>	<p>Ethnic Monitoring</p> <p>To continue to roll out ethnic monitoring to key information systems such as CHIS, NIMATS and PAS.</p>	<p>Data on BME service users accessing services.</p> <p>Potential gaps in data identified.</p> <p>Guide on Ethnic Monitoring of Service Users in HSC (NI) launched - September</p>	<p>Improved data on BME communities accessing Trust services.</p> <p>Improved monitoring of service provision.</p>	<p>Year 1</p> <p>Monitoring of ethnic monitoring returns.</p>	<p>DHSSPS, HSCB, HSC Trusts.</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Ethnic Monitoring in NI (2010)</p> <p>Race Equality in Health and Social Care, A Good Practice Guide. ECNI (2011)</p> <p>Racial Equality Policy Draft Priorities and Recommendations ECNI (2013)</p>		2014.			

Action 7 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Ethnic Monitoring of Service Users is in place in a number of key information systems – Child Health System, PAS, SOS CARE, SureStart and NIMATS. An audit of progress on implementation on each of these systems is planned for July / August 2015. The Ethnic Monitoring leaflet for Service Users has been translated into the top five languages and has been circulated throughout the five Trusts. Information for staff in the form of Key Tips for Staff has also been circulated and is available on the Trust's intranet sites. This information has also been included in information packs for a Regional Midwifery Conference, (23-1-15). Specific training has also been provided to other groups of staff e.g. through the Social Work Forum. The Regional Ethnic Monitoring Guidance has been finalised and the Regional Ethnic Monitoring Group are in discussions with the HSCB in relation to the roll out of this Guidance. The Ethnic Monitoring Project in HSC has been positively referenced by the OFMDFM Race Equality Unit. Ethnic Monitoring of staff continues to be collated by the Trusts and this has been enhanced by HRPTS Self-Service functions.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 8:</p> <p>Ongoing Regional Action -</p> <ul style="list-style-type: none"> Low number of complaints received from deaf and hard of hearing community. <p>Source: Action on Hearing Loss 2013</p>	<p>Complaints DVD</p> <p>Promotion of Regional Complaints DVD:</p> <p>'Complaints Procedure: A guide on How to Complain'.</p>	<p>Resource available for the Deaf and Hard of Hearing Community.</p> <p>Resource available on HSC Trusts websites.</p> <p>Promotion of availability of DVD through training and awareness events. Alternate formats available for the submissions of, and response to, complaints</p> <p>Evaluation of the effectiveness of the DVD.</p>	<p>Increased awareness among the deaf community of the complaints procedure and how to access the procedure.</p> <p>Improved access for the deaf community to the complaints procedure.</p>	<p>Year 1 and on-going</p> <p>Monitoring of the number of complaints received.</p> <p>Reporting through S75 Annual Progress report.</p> <p>Service user feedback.</p>	<p>HSC Trust Equality Lead</p> <p>Complaints/Patients Liaison Manager</p> <p>RNID</p>

Action 8 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The DVD has been produced and promoted regionally. It is available on all Trust websites. There has been no notable increase in volume of complaints from service users who have learnt about complaints process through DVD. Discussed various ways of capturing info – e.g. anecdotal, BDA, survey monkey.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Trust Complaints leads are working collaboratively to identify any potential regional increase of complaints from this community. Also further feedback to be gathered from Survey Monkey with regard to finding data on how patients discovered how to make a complaint e.g. through website.					

Section 1 – Cross Cutting Themes

Theme 3 – Mainstreaming Equality, Good Relations, Disability Duties and Human Rights Considerations into the Corporate Planning Cycle and Decision Making Processes

Recurring Theme Inequalities Audit – Absence of mainstreaming makes it difficult to ensure an equality perspective is incorporated in all policies at all levels and at all stage by those normally involved in policy

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 9:</p> <p>New Regional Action</p> <ul style="list-style-type: none"> ▪ User friendly version of Annual Progress Report will be accessed by 	<p>Annual Progress Report</p> <p>To work with the ECNI to develop a user friendly and accessible Annual Progress Report.</p>	Annual Progress Report available in accessible user friendly format.	Increased awareness among stakeholders of the equality work taken forward by Health and Social Care Trusts.	<p>Year 1</p> <p>Monitored through Annual S75 Progress Report to Equality Commission.</p>	HSC Trust Equality Leads in conjunction with ECNI.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
wider audience. Source: Review of Equality Scheme (ECNI)					
Action 9 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
<p>An ECNI led event was held on the 11th March 2015 where a presentation on the new template was provided by Lisa King, ECNI. A follow up meeting was scheduled for the 21st April 2015 with the ECNI and HSC Trust Equality Leads to discuss in more detail the new template and expectations in going forward. The new template is now in use to record progress for the current reporting year 2014/15 and here on in – HSC Trust Equality leads have feed into the consultative process led by the ECNI.</p>					
Action 10: New Regional Action <ul style="list-style-type: none"> Current template not reflective of the clinical 	Screening Template To review the HSC Trust screening template and	Easy to follow screening template and guidance that meets the needs of health and social care. All Trust policy	All Trust policy makers will use easy to follow screening template and guidance. Increased satisfaction among policy leads and decision makers when	Year 1 Monitored through feedback from staff using template and guidance and Annual S75 Progress Report to Equality Commission.	HSC Trust Equality Leads in conjunction with ECNI

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
policy areas. Source: Review of Equality Scheme (ECNI)	associated guidance.	makers will use easy to follow screening template and guidance.	using template and guidance.		

Action 10 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

A review of the current equality screening was undertaken during the current reporting period. This has been piloted by 2 HSC Trusts i.e. the Belfast Trust and the NHSCT.

Discussions about the screening template have been ongoing for some time and HSC Trust Equality Leads had engaged with the Commission on the issue that in some instances, where policies were clearly technical or clinical in nature and thus had no bearing on equality of opportunity or good relations, that Service Managers and Policy Leads were becoming disillusioned with the expectation of having to complete a lengthy form. In terms of proportionality and appropriate allocation of resources to policy assessment, the screening template was reviewed. Belfast and Northern HSC Trusts sought endorsement from the Equality Commission to commence a pilot of the revised template towards end of January 2015. The Commission notified the Trust that if their advice was taken on board, that the form could align, in a re-structured manner, with the Commission's recommended template. The Trusts notified consultees of the intended pilot in advance and drew their attention to the

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>quarterly screening outcome reports to ensure that there was full transparency and accountability in the process. The Commission sought reassurance that completed screening templates would be centrally quality assured and monitored to ensure that there was no misuse of the template. Belfast Trust used the opportunity of Section 75 and Personal and Public Involvement workshops for co-directors and managers to launch the revised template and it is highlighted in mandatory Equality training. One of the keys to the successful use of the template has undoubtedly been the guidance which has been produced as part of the resource. Feedback to date has proved positive and Belfast Trust have decided to extend the pilot for another 3 months to further scope the user friendliness and improvements in policy assessment.</p>					
<p>Action 11: New Regional Action</p> <ul style="list-style-type: none"> Good practice guidance required to ensure consistent and effective approach. <p>Source: Review of Equality Scheme (ECNI)</p>	<p>Equality Impact Assessment Template</p> <p>To work with the ECNI to develop best practice Equality Impact Assessment Template.</p>	<p>Easy to follow EQIA template that meets the needs of health and social care.</p> <p>All Trust policy makers will use easy to follow EQIA template.</p> <p>Consistent approach adopted by all Trusts.</p>	<p>Increased satisfaction among policy leads and decision makers when completing EQIAs.</p>	<p>Year 1</p> <p>Monitored through feedback from staff using template and guidance and Annual S75 Progress Report to Equality.</p>	<p>HSC Trust Equality Leads in conjunction with ECNI</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 11 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence HSC Trust Equality Leads will work with ECNI on formulating best practice EQIA template in the next year. This did not happen in year 1 due to other competing priorities.					
Action 12: Ongoing Regional Action <ul style="list-style-type: none"> Multi-Identity Issues. Source: ECNI Guide to the Statutory Duties (ECNI 2005) Rainbow (2014)	Multi-Identity To ensure that key multi-identity issues are incorporated into Policy and Service Developments.	Update Screening and EQIA Tools to ensure they are sufficiently sensitive to include assessment of impact in relation to multi-identity.	Increased awareness among staff of multi-identity issues and their impact on access to Health and Social Care. Improved screening and EQIA processes.	Year 1 and ongoing Monitored through quarterly screening reports and S75 Annual Progress Report to Equality Commission.	HSC Equality Leads
Action 12 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence Screening template now incorporates multi-identity issue with useful examples in associated guidance. Screening Guidelines to include a better mix of worked examples including employment based examples and potential impacts on staff e.g.					

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
centralisation of services, retraction of services and with S75 impacts. Procurement examples are also included in revised guidelines.					
<p>Action 13:</p> <p>New Regional Action</p> <p>Need for greater awareness amongst Health and Social Care staff of Section 75 issues.</p> <ul style="list-style-type: none"> Need to further mainstream Section 75 considerations into the corporate planning cycle and core business of the Trust. 	<p>S75 Training</p> <p>To review S75 Training Programme so that it reflects any of the changes made to the screening and EQIA templates.</p>	<p>Updated training programme reflective of new screening and EQIA resources.</p> <p>All Trust policy makers trained in screening and EQIA resources.</p>	<p>Increased awareness of policy leads and decision makers on new templates for screening and EQIA.</p>	<p>Year 1</p> <p>Monitored through feedback from staff using template and guidance and Annual S75 Progress Report to Equality Commission.</p>	<p>HSC Trust Equality Leads</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Source: Guide to the Statutory Duties (ECNI 2005) Five Year Effectiveness Review					
Action 13 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence: Belfast Trust has reviewed its mandatory equality training and screening training to ensure that the new template and guidance is reflected. The Trust is also working regionally to establish elearning in terms of equality human rights and good relations. The Trust Equality team deliver a range of training to ensure that staff are equipped with the necessary S75 knowledge and expertise to work effectively with each other and to ensure everyone can access our services. Uptake of training is reported annually in Trusts' ECNI Progress Reports. Specialist Master Classes on policy development and S75 screening continue to be delivered to new policy makers across the Trust to ensure they have the necessary skills to effectively screen policies and decisions. The Trust also customised a full training session on communication and consultation for its managers and policy leads – covering the plethora of consultation and communication requirements.					
Action 14: Ongoing Regional Action - <ul style="list-style-type: none"> Information required to allow service providers to 	Emerging Themes To annually review and maintain the 'Emerging Themes'	Up-to-date and reliable evidence and staff resource on emerging themes in relation to key inequalities experienced by the	Improved screening and EQIA processes. Better assessment of impact on S75 equality categories when planning and reviewing services.	On-going Monitored through S75 Annual Progress Report to Equality Commission.	HSC Trust Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>identify key inequalities and investigate their causes.</p> <p>Source : Guide to the Statutory Duties (ECNI 2005)</p>	<p>compendium of research literature to inform current and future action based plans.</p>	<p>nine equality categories.</p> <p>Collated data (qualitative and quantitative) that is analysed, themed and disaggregated by the Section 75 categories.</p> <p>Indicators of levels of inequalities.</p> <p>Evidence available for future screening and equality impact assessments.</p> <p>Relevant and evidence based action plan.</p>			

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 14 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
Emerging Themes Document updated July 2015 and available on all Trust Websites and intranets.					
Action 15: Ongoing Regional Action Relevant up to date information on consultees for engagement and consultation processes. Source : Guide to the Statutory Duties (ECNI 2005)	Maintenance of Regional Consultation List To annually review regional list of consultees.	Up to date, relevant list of consultees. Revalidated consultee database.	More effective and targeted consultation. Increase in consultation response rate.	Annually. Monitored through Annual Progress Report to ECNI.	HSC Equality Leads in conjunction with other HSC organisations
Action 15 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
The Regional Consultation List is updated on an ongoing basis in the light of information received from organisations with regard to changes to personnel and contact details. An audit will be conducted in 2015 to ensure that regional Consultees are being contacted in the way that best suits them e.g. email, letter, telephone etc. Work will also be carried out to ensure that local consultees who are specific and relevant to individual Trusts are identified and their contact details are updated.					

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Local BHSCT action:</p> <p>Public authorities have tended to focus on the equality of opportunity rather than the good relations duty when addressing their section commitment to Section 75 – it is vital that good relations duty is taken seriously.</p> <p>ECNI Review of Effectiveness of Section 75 of NI Act 1998</p>	<p>Action 16: new action</p> <p>Good Relations- to deliver the actions contained within the Good Relations Strategy “Healthy Relations for a Healthy Future”</p>	<p>Display the Trust Good Relations strategy across Trust facilities</p> <p>Produce a biannual news brochure</p> <p>Develop community art projects</p>	<p>Reduction in potential places where someone may experience a chill factor</p> <p>Increased confidence in Trust commitment to diversity and good relations</p>	<p>Monitored through Section 75 Annual Progress Report to Equality Commission</p>	

Action 16: Notes of attainment: Action Completed/Action Ongoing/Action to Commence:

Belfast Trust has worked actively to progress the actions to which it committed in its good relations strategy ‘ Healthy Relations for A Healthy Future’ and this work continues to be overseen by a good relations strategic group which meets on a quarterly

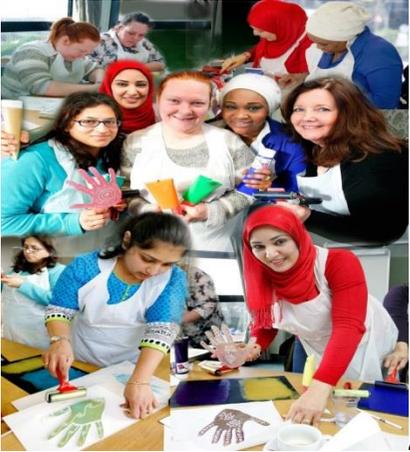
Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		

basis. A good relations barracuda stand featuring the Trust good relations statement and logo is now situated in a prominent position in all the acute hospitals and well-being and treatment stands. The stand acts as a welcome and assurance to those who arrive in Trust facilities of the corporate commitment to the promotion of good relations.



A biannual news brochure has been produced and disseminated widely to a range of individuals and groups including: Trust level 4 managers and above; Trust Board; 350 community and voluntary groups; Statutory organisations and other Health Social care Trusts; political parties; libraries and Trust Wellbeing and Treatment Centres. This list has been extended to include the individuals and groups that participated in the Trust Good Relations Focus Groups. This publication brochure has been exceedingly well received and heralded as uplifting, positive and a good news story by a range of different stakeholders.

200 new Translated Welcome pack for inpatients translated into 18 languages have been developed and distributed to each ward in each of the four Trust Acute Hospital. Training for staff on how to use the pack was also provided. The pack provides information for patients on Trust services as well as information on issues such as consent and allergies. The pack also provides guidance for staff on how to use the pack to assist them meet the needs of service users that do not speak English as a first language and how to access face-to-face or telephone interpreting. It also has new translated leaflets on the role of interpreter in top 5 languages. Throughout the month of November, Good Relations Focus groups were held in each of the

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Centres attended by a total of 150 individuals and 27 different community and voluntary organisations. Participants provided their views on how centres could be more accessible in terms of good relations. An outcome report has been completed with recommendations and action from the focus groups.</p>					
 <p>An 'Art Fest' was held on 5th February 2015 to allow the focus group participants to express their identity, culture and language through art. The art, which incorporates the word 'Welcome' in a number of languages will be installed at each wellbeing and Treatment Centre the week of 23rd June and officially launched in September during Community Relations week. The Trust is a member of Belfast City Council BCC Good Relations Partnership and is working in partnership with the council to explore joint initiatives to promote good relations.</p>					
Age discrimination and human rights violations against older people can manifest themselves	Action 17: new action Human Rights Strategy To develop a human	Mainstreaming of human rights considerations in service provision and employment	Improved patient journey Increased patient satisfaction	Commencing 2015	Belfast Trust Equality Team

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>in many different formats: Age NI</p> <p>There needs to be a relentless focus on the patient's interests and the obligation to keep patients safe and protected from substandard care. This means that the patient must be in first in everything that is done</p> <p>Francis Report Mid Staffs 2013</p>	rights strategy to span all Trust functions	<p>Puts human rights principles and standards at heart of policy and planning</p> <p>Ensures accountability throughout the Trust</p> <p>Empowers staff and patients with knowledge skills and organisational leadership and commitment to achieve human rights based approaches.</p> <p>Enables participation and involvement of all key stakeholders</p>	<p>Person centred, Person led care</p> <p>Optimal levels of respect and dignity</p>		

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
		Ensures non-discrimination and attention to be paid to vulnerable groups.			

Action 17: Notes of attainment: Action Completed/Action Ongoing/Action to Commence

Belfast Trust has written a proposal on the development of a human rights based approach for Belfast detailing the strategic drivers and anticipated benefits associated with its development. Various representatives from the Trust Executive team and the Trust's Health and Social Inequalities Manager were called to the Northern Ireland Human Rights Commission's Inquiry into Emergency Care. The HSI manager signalled the Trust's intention to develop a human rights based approach and the Commission welcomed this direction and have offered to work in partnership with the Trust on this ground breaking piece of work. A newly established Human Rights Steering Group will meet for the first time in September 2015 to progress this work.

Section 1 – Cross Cutting Themes

Theme 4 – Promoting Participation and Inclusion

Recurring Theme Inequalities Audit – Lack of Involvement of S75 groups in planning and decision making

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 18:</p> <p>New Regional Action -</p> <ul style="list-style-type: none"> ▪ Commitment to ensure PPI is integral to decision making. <p>Source : HSC Trusts Consultation</p>	<p>E-Learning PPI toolkit</p> <p>To work with Trust PPI Leads on the development, launch and dissemination of a multifaceted PPI awareness raising & Training Programme for HSC in</p>	<p>Multifaceted PPI awareness raising and training programme ranging from Introductory level 1 to level 4 specialised PPI training (modular and eLearning mix).</p>	<p>Increased awareness raising of PPI.</p> <p>Greater understanding of values, principles and methods of effective PPI.</p> <p>Greater understanding of the needs of S75 groups and how to effectively</p>	<p>Year 2</p> <p>Uptake monitored through E-Learning monitoring process.</p>	<p>PHA</p> <p>Trust PPI Leads</p> <p>HSC Trust Equality Leads</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Schemes Effective Stakeholder Engagement - Good Practice Guidelines (Policy Champions Network) Health and Social Services (Reform) Northern Ireland Act 2009.	partnership with Public Health Agency (PHA).		engage with hard to reach groups. Will lead to an increase in S75 groups' involvement in planning and decision making.		

Action 18 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

New PPI Standards: "Setting the Standards" was formally launched on 4th March 2015. These new five regionally agreed set out the new PPI standards which HSC Trusts are expected to strive to implement as a model of good practice for developing PPI approaches to Health & Social Care. The five new standards are; Leadership, Governance, Opportunities and support for Involvement, Knowledge and Skills and Measuring Outcomes. A regionally approved Train the Trainer PPI programme has been developed and Trusts PPI Leads have received the training tools to allow for each trust to roll out the PPI training locally. This will also be supported by the development of a PPI e-learning programme to complement the face to face training tools.

Section 1 – Cross Cutting Themes

Theme 5 – Procurement

Recurring Theme Inequalities Audit – Those organisations that Public Authorities contract with should be required to have equality policies and procedures in place in relation to the delivery of their services.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 19:</p> <p>Ongoing Regional Action -</p> <ul style="list-style-type: none"> ▪ Need for consistent compliance with ECNI guidance Equality of Opportunity and Sustainable Development 	<p>Procurement – Section 75 Duties</p> <p>To continue with on-going training delivered by BSO to HSC staff involved in contracting and commissioning function to ensure S75 duties are</p>	<p>Training sessions delivered to relevant HSC staff.</p> <p>Evidence of S75 considerations in HSC procurement process.</p>	<p>Increased awareness among relevant HSC staff of S75, Disability Duties and Human Rights obligations in procurement process.</p>	<p>Year 2</p> <p>Uptake monitored through training programme.</p>	<p>BSO</p> <p>HSC Trust Equality Leads</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>in Public Sector Procurement.</p> <p>Guide to the Statutory Duties 2005</p> <p>Public Procurement and Human Rights in NI (NIHRC) Equality of Opportunity and Sustainable Development in Public Sector Procurement 2008</p>	<p>embedded in the procurement processes and to promote an increased awareness of Human Rights in Procurement.</p>				

Action 19 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence:

A Regional workshop is planned for August 2015 focusing on Equality and Human Rights Issues in relation to Procurement, Commissioning and Planning processes. Good Practice examples and legal implications will be discussed at the event. Invitations will be extended throughout HSC organisations.

SECTION 2

Service Related Issues

**Measures to promote equality of access to
Health and Social Care Services**

Section 2 – Service Related Issues

Recurring Theme Inequalities Audit – Measures to promote equality of access to health and social care services

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 20:</p> <p>Ongoing Regional Action -</p> <ul style="list-style-type: none"> ▪ For persons in need who are destitute and have no or limited recourse to public funds. 	<p>No Recourse to Public Funds</p> <p>To ensure that decisions in this area are compliant with key legislative requirements e.g. Human Rights Act.</p>	<p>Guidance updated for staff to use during decision making.</p> <p>Staff informed of Guidance.</p>	<p>Northern Ireland Entrants Scheme (NINES).</p> <p>Increased staff awareness of key considerations when determining if treatment or support can be provided.</p>	<p>Year 2</p> <p>Monitored via BSO, Counter Fraud Unit and Trust internal monitoring arrangements.</p>	<p>HSC Trusts, BSO, DHSSPS, HSCB</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<ul style="list-style-type: none"> Current constraints include lack of regional guidance and funding implications. <p>Source: No Home From Home Research (NIHRC)</p> <p>Policy Briefing Accessing Healthcare for Migrants in NI: Problems and Solutions, Law Centre (NI) (2013)</p> <p>DHSSPS Consultation on 2005 Provision for services to Persons not ordinarily resident in NI (2013)</p>					

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 20 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
<p>The Counter Fraud & Probity Services has set up a Pilot in 2 Trust areas - West and South - and the outcome of these pilots will be evaluated to assist with next steps to be taken across health and social care. The Pilot involves a process where patients who present without GP details or Health & Care number are asked to provide proof of residency. It will be up to the patient to prove residency not the Trust. Patients will be asked to provide photographic ID along with a further piece of evidence to confirm residency. Trust Equality Leads have provided feedback will continue to provide advice to ensure Trusts meet equality and human rights statutory obligation.</p> <p>On 28 May an event entitled “Domestic Abuse and Women with No Recourse to Public Funds: Where Human Rights Do Not Reach” was held to celebrate Africa Week by raising awareness on issues affecting Black Minority and Ethnic Women in Northern Ireland. It brought together Women’s groups, NGO’s, policy-makers, victims of domestic violence, service providers, health practitioners and other public bodies to share information and establish a collaborative approach to addressing the issue of “Domestic Abuse and women with no Recourse to Public Funds” in Northern Ireland as it’s impacts on the protection of children and vulnerable adults. Trusts will consider the outcome from this event to ensure compliance with best practice. The Stronger Together Network held a seminar on Wednesday 24 June 2015 to discuss the implications faced by people that have no recourse to public funds and how they can be supported by the community and voluntary sector. The Event agenda includes what ‘No recourse to public funds’ means and who it applies to, understanding the legislation and short, medium and long term support solutions. Outcomes from this event will be considered and during 2015/16 Trust Equality Leads will consider how Trusts can work in partnership with the voluntary and community sector.</p>					
Action 21: Ongoing Regional	Multi-cultural and Beliefs Handbook	Updated Multi-cultural and Beliefs Handbook available	Improved patient experience for BME	Year 1	Southern Trust on behalf of all HSC Trusts

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action</p> <ul style="list-style-type: none"> Need for culturally sensitive services. <p>NICEM Report Black and Minority Health and Wellbeing Development Project September 2006.</p> <p>Out of the Shadows Report – An action research report into families and racism and exclusion in NI</p> <p>Race Equality Audit</p>	<p>To maintain the Multi-cultural and Beliefs Handbook to ensure that reflects current migration trends.</p>	<p>for staff.</p> <p>Provision of culturally sensitive services.</p> <p>BME service users treated with dignity and respect regardless of their ethnic background.</p>	<p>communities.</p> <p>Increased awareness among staff of beliefs, needs and preferences.</p>	<p>Monitored through PPI/Patient Surveys/Complaints monitoring.</p>	

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
for NI – NICEM New to NI – A study of issues faced by migrant, asylum seeking and refugee child in NI					
Action 21 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
Resource update to include information on the Roma Community – October 2014 and circulated to Equality Leads – April 2015 as latest version. Action completed but subject to on-going review to reflect migration trends.					
Action 22: New Regional Action <ul style="list-style-type: none"> Need to ensure Trusts prepared for extension of Age Discrimination Regulations. Source: Old Habits	Age Discrimination Regulations To work with Trust service areas to identify the key issues to address in preparation for extension of Age Discrimination Regulations into the sphere of goods,	Workshop with service areas to identify issues. Actions developed to ensure Trusts are prepared for extension of regulations. Good practice adopted across	Increased staff awareness of legislative requirement.	Year 3 (dependent on legislation enactment). Monitored through action plan and S75 Annual Progress Report.	Service Leads HSC Trust Equality Leads

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Die Hard – Tackling Age Discrimination in Health and Social Care</p> <p>ECNI - Awareness of Age Regulations 2006 and Attitudes of the General Public in Northern Ireland towards Age Related Issues</p>	facilities and services.	service areas.			

Action 22 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Legislation has not been introduced as yet – however note announcement of Junior Ministers on Thursday 19th February 2015 on the way forward for new age discrimination legislation on the provision of goods, facilities and services. The Programme for Government contains a commitment to extend legislation to give legal protection from unfair age discrimination by those providing goods, facilities and services. The proposed legislation will apply to people aged 16 and over. Junior Minister McCann said “The aim of the new legislation is to protect all people aged 16 and over from discrimination because of their age when accessing goods, facilities and services. “This will put age discrimination outside work on a similar footing to discrimination law in employment. It sends out the clear message that ageist attitudes and practices are as unacceptable in service provision as in the workplace.” Junior Minister Bell commented: “We are eager to progress this Programme for Government commitment as soon as possible. It will give individuals confidence to know their rights to fair treatment, and provide legal clarity for service providers. “The next step will be to bring forward a consultation

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>document in the near future, setting out our proposals. Following consultation, we will then consider all the options available to us for bringing this legislation before the Assembly.” In certain circumstances it is appropriate to treat people differently because of age, such as the prohibition on the sale of alcohol to people under 18. The proposals will not affect other legislation which currently imposes statutory age limits. HSC Trusts, HSCB and DHSSPS colleagues have discussed the forthcoming proposed legislation and some of the implications for health and social care. It would be the intention that the HSC family will work together to conduct an audit of those areas on which the legislation could potentially impact and draw up an action plan to address these areas.</p>					
<p>Action 23:</p> <p>New Regional Action</p> <ul style="list-style-type: none"> Support for Black and Minority Ethnic (BME) Carers. <p>Source: Diversity in Caring. Towards equality for carers, Yeandle, Bennett, Buckner, Fry and Price, University of</p>	<p>BME Carers</p> <p>To develop ways of identifying and supporting BME carers by working in partnership with health and social care organisations, community and voluntary groups and others seeking to improve the health and social wellbeing</p>	<p>Initiatives identified to reach out to and to support BME carers. At a practical level this work includes:</p> <p>Information leaflet translated into 9 languages.</p> <p>Training event for health and social care staff to be run during Carers Week 2014.</p> <p>Good practice shared across</p>	<p>Raised profile of the issues affecting BME carers in NI.</p> <p>Increase in staff awareness of the needs of BME carers.</p> <p>Improved information available for BME carers.</p>	<p>Year 1</p> <p>Monitored through identifying and supporting BME carers group.</p>	<p>Regional Minority Ethnic Health and Social Well-Being Steering Group</p> <p>PHA</p> <p>Trust Carers Co-ordinators</p> <p>HSC Trust Equality Leads</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Leeds	of BME carers across Northern Ireland.	organisations working with BME carers.			

Action 23 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

Regional Initiatives to support BME carers during 2014 – 2015 included:

Development of an information leaflet aimed at raising awareness of carer support and details of Carer Co-Ordinators translated into 11 languages and launched at a Regional event in June 2014. This leaflet was distributed throughout all HSC Trusts and is available on the Trust web pages.

Funding was secured by the Regional BME Carers group (from PHA) to run events in each Trust to raise awareness of BME carers. Events included:

The development of an App to promote the needs of Carers from BME Communities. This App will help identify and assist individuals with caring responsibilities and sign post them to appropriate services.

A workshop ‘Cultural Approaches to Caring’ which aimed to raise awareness of cultural differences to caring, and to provide a networking opportunity between the Trust and other organisations supporting BME carers.

A seminar for BME organisations on Carer support.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
A support event for BME carers.					
A coffee morning for BME organisations to raise awareness about Trust support for BME carers.					
Funding has been sought by the Trusts' Carers Co-ordinators from PHA to conduct research into BME Carers. This research will help to establish a baseline of BME Carers throughout NI and help identify their needs and plan for future services. One of the key objectives of the research application is to develop a support network for BME Carers and further promote social inclusion for BME Carers and their families.					

SECTION 3

EMPLOYMENT

**Measures to promote participation, equality of opportunity
and good relations in the workplace**

Pages 41-49

SECTION 3 – EMPLOYMENT RELATED ISSUES

Measures to promote participation, equality of opportunity and good relations in the workplace

Introduction

This section of the Trust's Equality Scheme Action Based Plan has been developed in recognition of the following context as it relates to employment equality within the Trust:

- The Trust has developed its third Employment Equality and Diversity Plan for the period April 2014 to March 2017. The Plan coordinates all aspects of employment equality work and has been developed in accordance with the requirements of the equality and anti-discrimination legislation in Northern Ireland and with the good practice recommendations of the Equality Codes of Practice and ECNI Unified Guide.
- The Trust has in place a range of Employment Equality and Human Resource Policies which have been developed in consultation and in partnership with key stakeholders and Trade Unions. These Policies are reviewed as a matter of course on a 3 yearly basis but earlier if there is a need to take account of legislative and case law developments. These Policies are subjected to Section 75 screening to ensure the promotion of equality of opportunity and good relations across the nine equality groups, to highlight and address multiple identity issues and the avoidance of discrimination. The Trust will continue to monitor and publish screening outcomes on the implementation of these policies as part of its commitments in its Equality Scheme.

- Equality training is an integral part of the Trust's corporate induction training for all newly appointed staff in addition to the mandatory requirement for all staff to attend Equality, Good Relations and Human Rights training once every five years during the course of their employment. This mandatory training focuses on managers and staff responsibilities in relation to service provision and employment and includes training on Working Well Together and Harassment. In addition the Trust provides a menu of complementary equality training and e-learning Discovering Diversity training which includes specific training on Disability, Good Relations and Human Rights. Further training is provided for policy authors and decision makers as it relates to S75 equality duties and Human Rights. In addition Working Well with Interpreters training is provided to frontline staff to ensure the effective use of the interpreting provision.
- The Trust has in place a Working Well Together Policy and Harassment Policy and Procedure which detail the support in place to ensure appropriate and confidential facilities to enable individuals or groups facing discrimination to raise their concerns. Further, the Trust has a Disciplinary Procedure with clear and explicit measures, remedies and sanctions for acts of discrimination, harassment and unacceptable behaviour at work. Through its Health and Wellbeing Strategy and associated Action Plan, collaborative working with Health Improvement, Health and Safety, Education, Learning and Development, Occupational Health and Absence Management Teams, in partnership with Trade Unions and relevant others the Trust is involved in a programme of work to improve the working lives of staff and provides appropriate support, guidance and advice on a range of issues. During the year the Trust developed a Bullying and Harassment Support Service for staff.
- The Trust undertakes a systematic audit of its workforce composition as part of its statutory annual and three yearly monitoring requirements under Fair Employment and Treatment (NI) Order 1998. The Trust has just recently completed its second Article 55 Review Report which includes a comprehensive analysis of existing workforce composition, workforce flows, leavers, employment policy and practice. HSC Trusts are working in partnership with the ECNI and a range of relevant stakeholders as part of an agreed multi-dimensional approach to address current employment trends within health specific occupations. In addition, HSC Trusts will continue to work with the ECNI and TUs with regard to local labour force issues.

See below action measures arising from the review to be taken forward in this the Trust's second Action Based Plan which are aimed at promoting fair participation in the workplace. Of note, the introduction of a new information system for both Payroll and Human Resources will ensure that equality data for current staff is accurate and as up-to-date as possible as it will be facilitated by Employee Self Service – which gives staff direct access to update their own equality data. The Trust will continue to utilise this data when drafting and reviewing employment policy and to inform on-going equality screening and EQIAs.

- The Trust's Disability Steering Group with representatives from service and functional areas within the Trust along with the disability sector will continue to promote and monitor the employment related actions of the Disability Action Plan, including actions to increase the participation of disabled people in public life and to promote positive attitudes toward disabled people as set out in its Policy on the Employment of People with Disabilities and related information sources.
- There follows a series of actions as they relate to employment equality for the incoming plan and 3 year period 2014-17:

Section 3 – Employment

Measures to promote participation, equality of opportunity and good relations in the workplace

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>Action 24: New Regional Action</p> <ul style="list-style-type: none"> University of Ulster Jordanstown (UUJ) Survey of: Male and Female Employee Views of Gender Equality at Executive/Senior Managerial levels in the NI Public Sector. 	<p>Gender Equality</p> <p>Survey aimed at investigating a number of gender equality issues at executive/senior managerial levels which may affect an individual's career aspirations to reach a senior position within the public sector.</p>	<p>To gain a greater insight to the barriers / impediments that impact on an individual's career aspirations and progression to a senior position with the public sector.</p>	<p>Improved career pathways for men and women in securing senior management positions within the public sector.</p>	<p>Year 1</p> <p>Production of Research Report and Associated Recommendations which will feed into the lifespan of the current Plan 2014/2017.</p>	<p>HSC Equality Leads, Senior Managers in HSC Care in partnership with UUJ and ECNI – in terms of roll out of any forthcoming recommendations</p>

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Source : OFMDFM Funded Research Project in partnership with UUU – Research	NB: The work is being conducted by the UUU on behalf of OFMDFM and in co-operation with the Public Sector.				

Action 24 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence

The research, which is funded by OFMDFM, is concerned with investigating Gender Equality at Executive/Senior levels within the NI public sector which may affect an individual's career aspirations to reach a senior position within the public sector.

The Report findings have since been launched. Initial research findings highlighted that women fair better where there is a female Chair and CE at the head of public sector bodies. The Trusts have examined the recommendations to see what further steps can be taken to further ensure gender equality in the workplace.

The Trust's Board which includes Executive and Non-executive Directors is 40% female and 60% male with 54% female representation at the next level of management (Co-Director level).

The Trust have a range of policies and initiatives in place including Work Life Balance schemes to enable employees to reconcile competing demands/commitments, succession planning programmes aimed at growing potential, and various other

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
leadership and professional development courses to develop the potential of future managers.					
Action 25: Ongoing Regional Action <ul style="list-style-type: none"> ▪ Tackle prejudicial attitudes and behaviour towards LGBT individuals. ▪ Promote positive attitudes towards LGBT. ▪ Raise 	Supporting LGBT – Staff Forum To continue to support the Health and Social Care LGBT Staff Forum. To develop training and awareness raising sessions for staff with regard to LGBT Adults in residential homes. To raise awareness of issues facing LGBT with multiple identities and tackle	Promotion of the Staff Forum through display of Posters and Information on Trust Intranet, Wards and Facility Notice Boards. Training programmes for staff working with clients in residential homes. Multiple identity issues incorporated into equality and diversity training.	Increased profile of and attendance at Staff Forum. Increased staff awareness and good practice adopted. Increased staff understanding of issues faced and promotion of inclusive culture. Increased understanding of appropriate terminology and barriers	Year 1 – 3 On-going Monitored through S75 Annual Progress Report, training feedback and service user feedback.	HSC Trust Equality Leads, PHA and Rainbow

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<p>awareness of the rights of LGBT.</p> <p>Promoting Sexual Orientation Equality ECNI October 2013</p> <p>Lesbian, Gay, Bisexual or Transgender Planning for Later Life AGE UK July 2013</p> <p>Older People in Care Homes: Sex, Sexuality and Intimate Relationships</p>	<p>barriers experiences.</p> <p>To work with PHA to Promote Training workshops for Healthcare Professionals.</p> <p>To develop a Training Seminar to address the needs of lesbian women with regard to access to maternity and fertility services.</p>	<p>Workshops organised and regionally advertised.</p> <p>Training seminar held on the needs of lesbian women with regard to accessing maternity and fertility services.</p>	<p>experienced.</p> <p>Raised awareness among staff of issues affecting lesbian women accessing maternity services.</p>		

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
RCN 2011					
Action 25 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
<p>HSC organisations have agreed to progress toward LGBT - ‘I am an Ally!’ - Diversity Champions status in partnership with PHA and other HSC organisations and The Rainbow Project – Initiative being led by Matthew McDermott, BSO. Initiative discussed and agreed at a regional wide Diversity Workshop, NICNA HQ opened up by Hugh McPoland. HSC Trusts continue to support the LGBT Forum and participated in promotional stands along with Trade Unions in support of Pride week.</p>					
Action 26: Ongoing Regional and Local Action <ul style="list-style-type: none"> Lack of fair participation in the workplace. Source: Fair Employment A Generation On (ECNI) Source: Statement of Key Inequalities in NI (ECNI 2007).	Fair Employment and Treatment (NI) Order 1998 Completion of Article 55 Review Report in line with Fair Employment and Treatment (NI) Order 1998.	Fair Participation in the workplace. Participate in multi-dimensional approach in partnership with the ECNI and relevant stakeholders to address current employment trends across all 5 HSC Trusts as it relates to health specific occupations.	Both main communities in NI are fairly represented in the workplace.	2014-2017	Employment Equality Leads, Trade Unions, ECNI and other relevant stakeholders

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<ul style="list-style-type: none"> Promotion of fair participation in the workplace. <p>Source: Article 55 Review Reports (ECNI)</p> <p>ECNI Annual Fair Employment Monitoring Report No 23</p>		HSC Trusts to continue to work with the ECNI and TUs in addressing any localised labour force issues.			
<p>Action 26 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence</p> <p>Article 55 Review Reports have been completed by HSC Trusts and the Equality Commission has since meet with employment equality leads to discuss the findings form their respective reviews. Each Trust is to take forward actions as they related to their local workforce. In addition, the Equality Commission agreed to undertake further research as regards emerging trends from University re health specific occupations (i.e professional occupations) in partnership with local universities and will discuss their findings with HSC Trusts.</p>					
Action 27: New Regional	Development of a Regional Recruitment Policy	Provides for a consistent approach to the	Policy which promotes best practice across the	Year 1	Business Services Organisation in partnership with HSC Recruitment and

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action <ul style="list-style-type: none"> Need for a consistent approach for regional recruitment <p>Source: ECNI Unified Code of Practice on Employment</p>	for the management of regional recruitment exercises	management of an increasing trend toward regional recruitment across the HSC sector.	HSC sector and provide for consistency in approach together with a more effective use of resources.		Employment Equality Leads
Action 27 – Notes of Attainment: Action Completed/Action Ongoing/Action to Commence					
HSC Trust continue to operate under their own Recruitment Policies which have been recently reviewed. The BSO are progressing work on a regional policy.					
Action 28: New Regional Action	Development of a Regional Transgender Policy	To promote an inclusive workplace where: Transgender	Policy which promotes best practices across the HSC sector.	Year 1	Steering Group comprising of Employment Equality Leads – BSO, BHSCT and SHSCT.

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
<ul style="list-style-type: none"> Promotion of inclusive workplace <p>Source: Sex Discrimination (Gender Reassignment) Regulations (NI) 1999</p>		<p>people feel comfortable to express their gender identity;</p> <p>Transgender people can fulfil their full potential and fully contribute to the workplace;</p> <p>All staff made aware that discrimination against transgender people (whether by staff or third parties) is not tolerated and any allegations thereof are dealt with in an effective manner.</p>			

Key Inequalities Identified and Source	Action Measure	Performance Indicator		Timescale & Description of Monitoring Arrangements	Lead Person
		Output	Outcome/Impact (For S75 Groups)		
Action 28 – Notes of Attainment:					
Action Completed/Action Ongoing/Action to Commence					
<p>Steering Group established and a number of meetings with stakeholders have taken place since May 2014 including HSC legal service, the HSC Regional Gender Identity Clinic, HSC LGBT network and HR networks across the sector. Pre-consultation exercises have taken place and a draft policy paper is in development. A full 12 week public consultation with focus groups will take place to inform the final policy and accompanying guidelines.</p>					

ⁱ **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.

ⁱⁱ **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.

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

^{iv} **Regional**: Situations where people can influence policy decision making at a middle impact level

^v **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

^{vi} **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.