

## Equality, Good Relations and Human Rights Screening Template

**\*\*\*Completed Screening Templates are public documents and will be posted on the Trust's website\*\*\***

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

### **(1) Information about the Policy/Proposal**

#### **(1.1) Name of the policy/proposal**

Temporary Changes to Urgent and Emergency Care Services at Lagan Valley Hospital, Lisburn.

#### **(1.2) Is this a new, existing or revised policy/proposal?**

New

#### **(1.3) What is it trying to achieve (intended aims/outcomes)?**

From 18 October 2021, the Trust temporarily reduced the opening hours at Lagan Valley Hospital Emergency Department (LVH ED), in response to extreme workforce challenges. The Trust was no longer able to maintain the existing hours of operation across Urgent and Emergency Care Services in LVH due to insufficient medical staffing.

One of the most significant challenges facing the Trust in relation to LVH ED is a shortage of suitably trained doctors equipped to act as senior decision makers to treat and care for patients who choose to attend the department. This workforce challenge is not unique to South Eastern Health and Social Care Trust, or Northern Ireland – it is a challenge echoed across Urgent and Emergency Care Service providers throughout the UK.

The Trust exhausted various options in an attempt to secure additional suitably trained medical staff to cover shifts, but was unsuccessful.

In response to the challenges described above and in the interests of patient safety, the Trust took a decision to temporarily reduce the opening hours of LVH ED by two hours a day. From Monday 18 October 2021, LVH ED has been open from 8am to 6pm, Monday – Friday. The fundamental reason for this temporary change was the lack of available suitably qualified middle grade doctors.

### **Temporary reduction in opening hours**

The Trust's aim is to continue to provide a service in LVH ED from 8am – 8pm. However, this is not possible at present with the current staff we have available, despite continued attempts to secure additional cover through ongoing recruitment exercises and agency locum doctor requests. To provide a service that remains open until 8pm requires cover from two appropriately trained medical staff until at least 11pm. This is to enable the follow-up of patients waiting for blood results or waiting for transfer to another hospital site, for example.

Reducing the opening hours from 8am – 6pm reduces the cover required by two hours from 11pm to 9pm. This increases the likelihood of the Trust being able to cover these shifts. If the Trust was unable to fill the two shifts until 9pm it is expected, that on an ad hoc occasion, the more senior Consultant staff on the rota from 8am – 4pm will be able to provide additional support up to the new closing time of 6pm to ensure all patients are seen and are safely cared for.

The medical shifts ending at 11pm are the most difficult to recruit to and secure suitable agency locum doctors for. Therefore, the Trust's dependency on agency locum doctors will significantly decrease as a result of temporarily reducing the opening hours.

### **Introducing a 'Phone First' model within an Urgent Care Centre**

In response to the workforce challenges and to further reduce the Trust's dependency on the inconsistent level of cover provided by agency locum doctors in LVH ED, the Trust adopted the 'Phone First' system from October 2021. This system is being implemented across the region and is already operating successfully in two of the Trust's other hospitals - Downe and Ards Minor Injury Unit. Over 89% of patients who have used the 'Phone First' service in Downe and Ards would recommend it to family and friends. Medical staff who work in these units are reporting that being able to redirect those who require care to a place where they can receive their definitive care has been very beneficial in reducing patient waiting times, and increasing patient safety.

The 'Phone First' model is consistent with the strategic direction for Urgent and Emergency Care as set out in the Department of Health's No More Silos (NMS) proposal published in July 2020 and is expected to be outlined in the Urgent and Emergency Care Review, which is due for imminent publication by the Department of Health.

Importantly, this service has ensured patients that are assessed by a senior doctor over the phone, receive the right care, first time. Following a review of the attendances to the ED at LVH over the period January – July 2021, the Trust anticipates that 90% of those who call will be seen in LVH or given appropriate clinical advice over the telephone. For the remaining 10% (approximately 1330 patients) where it is not appropriate to attend LVH ED, they will be directed to their local Pharmacy, GP or to a more appropriate alternative hospital ED. This service will ensure the safety of our patients by reducing the number of patients who transfer to an alternative hospital for care, thereby reducing delays in patient care.

The Trust is also proposing to temporarily rename the department as an Urgent Care Centre (UCC). The Trust is making this proposal to better reflect the services delivered at present, and we want to be open and transparent with our patients about the service we are currently providing. We believe that

this change facilitates patients in receiving their treatment in a suitable and safe environment based on their clinical need.

**The Trust believes that by implementing these combined measures of reducing our opening hours and operating a 'Phone First' system within an Urgent Care Centre environment, that we will be able to safely and sustainably provide the best care and support to the local community.**

**Profile of Current ED attendances:**

Analysis of current presentations to LVH ED, both during the day and in the evening, shows the following:

Month	Daily Average arrivals 8am – 6pm	Daily arrivals triage cat 4 and 5	% cat 4 & 5
Jan-21	55.38	29.90	54.0%
Feb-21	58.05	32.95	56.8%
Mar-21	69.43	39.70	57.2%
Apr-21	80.91	49.55	61.2%
May-21	89.10	56.00	62.9%
Jun-21	90.45	59.05	62.3%
Jul-21	86.36	56.09	64.9%

In addition, the Trust has been experiencing critical medical staffing issues (see below for further detail) for some months. The service relies heavily on agency locum doctors, and despite exhaustive efforts by the Trust, agencies have been unable to provide sufficient skilled, experienced doctors to sustain the service. In addition, existing, permanent medical staff continuously work additional shifts in an effort to keep the service going, but this is no longer sustainable or safe for our staff.

The current activity between 6 and 8 pm is:

Month	Daily Average patient arrivals 6 – 8pm	Daily Patient arrivals triage cat 4 and 5	% cat 4 & 5
Jan-21	7.14	4.33	60.7%
Feb-21	8.80	5.00	56.8%

Mar-21	10.35	6.39	61.8%
Apr-21	12.91	8.09	62.7%
May-21	14.38	9.00	62.6%
Jun-21	17.27	11.45	66.3%
Jul-21	14.32	9.00	62.9%

An average of 62% of patients who attended the service between 6 and 8pm could avail of a minor injuries type service. Triage category 1 and 2 patients account for 8% of attendances before 6pm and 9% of attendances after 6pm. Triage category 3 patients account for 31% of attendances before 6pm and **29% after 6pm**.

Please note definition of Triage Categories noted in tables:

01 Immediate resuscitation Patients in need of immediate treatment for preservation of life

02 Very urgent Seriously ill or injured patients whose lives are not in immediate danger

03 Urgent Patients with serious problems, but apparently stable condition

04 Standard A&E cases without immediate danger or distress

05 Non-urgent Patients whose conditions are not true accidents or emergencies

The average time spent in LVH ED is:

<b>Average of Time in Mins in A&amp;E Dept – Total</b>			
<b>Month (2021)</b>	<b>Before 6pm</b>	<b>After 6pm</b>	<b>Grand Total</b>
January	170.0	108.8	163.0
February	167.6	120.5	161.4
March	170.7	118.6	163.9
April	162.1	117.0	155.8
May	169.0	128.8	163.4
June	172.4	147.7	168.5
July	164.1	119.6	157.8
<b>Grand Total</b>	<b>167.9</b>	<b>125.5</b>	<b>162.0</b>

**(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?**

Trust Services including LVH ED are used by all Section 75 groups.

Service Users who might be expected to benefit from these proposals include

- Older people, especially females who have a longer life expectancy
- Those people with a disability related to specific long term conditions that are to be managed via specialised care pathways
- Those with caring responsibilities/dependents

**(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?**

South Eastern Health and Social Care Trust

**(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)**

Main factor which may have an impact would be SEHSCT Service Users and staff not being aware of temporary change to the opening hours for LVH ED.

**Identified benefits may include:**

- Temporarily reducing the opening hours will dramatically reduce the Trust's dependency on agency locum doctors as the majority of the shifts that are difficult to get cover for, and also the most difficult to recruit to, are those which are until 11pm
- Increase potential for better outcomes for patients
- Potential increase in Nursing/staff retention and staff satisfaction
- Analysis of the data suggests that the introduction of a 'Phone First' service at LVH would serve the needs of the majority of patients and is in keeping with the principles outlined in the strategic direction within the Department of Health's No More Silos approach. In addition, 62% of patients who attended between 6 and 8pm are non-urgent and could therefore be safely seen via an appointment the next day.
- 'Phone First' allows scheduling of attendances in urgent but not emergency care – thereby reducing crowding and waiting times
- Reduction in potential crowding in Emergency Departments
- 'Phone First' Model provides space where patients on the urgent care pathway should be seen by a senior clinical decision maker as soon as possible. This improves outcomes and reduces length of stay, hospitalisation rates and cost.
- Potential reduction in ED attendances and potential for better outcomes for patients
- Increased rate of Ambulance Patient Offload Time (APOT) which is the time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED trolley, bed, chair or other acceptable location and the ED assumes the responsibility for care of the patient.
- Potential for reduced unplanned admissions



- Avoiding unplanned and longer than necessary stays in hospitals, resulting in lower risk of infections and de-conditioning for patients.
- Supports Primary Care colleagues to access additional diagnostics tests and investigations not readily available in the community, and will help facilitate and manage these patients without needing to send to ED
- Reduction in complaints relating to long waits and delays in treatment
- Potential increase in Nursing retention and staff satisfaction
- Options for GPs and Primary Care MDT Clinical Leads to support their patients locally

**Potential challenges may include:**

- One of the most significant challenges facing the Trust in relation to LVH ED is a shortage of suitably trained doctors equipped to act as senior decision makers to treat and care for patients who choose to attend the department.
- This workforce challenge is not unique to South Eastern Health and Social Care Trust, or Northern Ireland, it is a challenge echoed across Urgent and Emergency Care Service providers throughout the UK. The Trust exhausted various options in an attempt to secure additional suitably trained doctors to cover shifts, but was unfortunately unsuccessful.
- Staff resistance to temporary changes and challenges to ongoing staff resilience
- Service users not being aware of temporary change in LVH ED opening hours.

**(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)**

**Internal: Trust Board, EMT, SEHSCT Staff**

**External: Service Users Other HSC Trusts/arm's length bodies eg NIAS, PHA, DoH, HSCB, Trade Unions and Professional Bodies.**

**(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?**

- Covid-19 Urgent and Emergency Care Action Plan – No More Silos - DoH Oct 2020
- Urgent and Emergency Care in Northern Ireland: Population Health Needs Assessment Review of Urgent and Emergency Care. DoH Jan 2022
- Human Rights Inquiry into Emergency Care. Human Rights Commission 2015
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – September 2019
- SEHSCT Covid-19 Surge and Rebuild Plans - 2019 onwards
- SEHSCT Equality Scheme 2018

**(2) Available evidence**

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

***Details of evidence/information***

- Covid-19 Urgent and Emergency Care Action Plan – No More Silos DoH Oct 2020
- SEHSCT No More Silos Business Case – May 2021
- SEHSCT response to HSCB correspondence 7 September 2021 and EMT Briefing Paper and discussions - September 2021
- SEHSCT Proposed Model for LVH ED - EMT Briefing Paper – 28 September 2021
- SEHSCT NMS Equality Screening 2020, 2021 and 2022
- SEHSCT NMS Rural Needs Assessment 202,2021 and 2022
- Royal College of Emergency Medicine (RCEM)
- Urgent and Emergency Care in Northern Ireland: Population Health Needs Assessment Review of Urgent and Emergency Care January 2022
- Human Rights Inquiry into Emergency Care 2015
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – September 2019
- Trust and Departmental Rebuild Plans 2019 onwards
- SEHSCT Resilience and Covid Surge Plans 2019 onwards
- RQIA inspections – ongoing

- Census 2011 data
- EMT and Trust Board Briefing Papers
- Directives from EMT
- NMS Project Board
- Rebuild Management Board
- NMS Network Meetings
- NMS Leads Meetings
- NMS LIG meetings – Regional and Local
- NMS HR/Finance/Planning meetings

### (3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

<b>Category</b>	<b>Needs, experiences and priorities</b>		
	<b>Service users</b>	<b>Staff</b>	
Gender	<b>Female</b> 51.46% <b>Male</b> 48.41% <b>Not specified</b> less than 1%	<b>Female</b> 88.46 <b>Male</b> 11.53	88% of LVH ED staff are female. Important to note that of these staff a number will be working part-time hours and or potentially bank staff of which a high proportion would also be part-time and may have caring responsibilities.
Age	<b>0-15</b> 10.39% <b>16-20</b> 4.62% <b>21-30</b> 12.30% <b>31-40</b> 13.45% <b>41-50</b> 13.15% <b>51-60</b> 14.15 % <b>61-62</b> 6.15% <b>66+</b> 25.72% <b>Unknown</b> less than 1%	<b>0-15</b> 0.00% <b>16-20</b> 0.00% <b>21-30</b> 19.23% <b>31-40</b> 23.08% <b>41-50</b> 15.38% <b>51-60</b> 38.46% <b>61-62</b> 3.85% <b>66+</b> 0.00%	Studies find a correlation between increasing levels of age and ED attendances specifically those over 62  Evidence gathered shows that 25% or ED users are aged over 66 years of age.
Religion	No direct information is gathered on political opinion. Council voting patterns have been considered	<b>Protestant</b> 46.15% <b>Roman Catholic</b> 23.08% <b>Other</b> 30.77%	There may a potential minor adverse impact from those who identify as protestant ( 46%)due to the temporary change in LVH ED opening hours. However the Trust has identified that an average of 62% of patients who attended the service between 6 and 8pm could avail of a minor injuries type service.
Political Opinion	Not collected on 2011 census. Council voting patterns below are considered.  Ards & North Down Council area return a unionist majority Lisburn and Castlereagh council area return a unionist majority Newry, Mourne & Down council area return a nationalist majority	<b>Broadly Nationalist</b> 0.00% <b>Broadly Unionist</b> 7.69% <b>Do not wish to answer</b> 19.23% <b>Other</b> 3.85% <b>Not known</b> 69.23%	There is a high percentage where political opinion is not known. The Trust is aware that a temporary change to the provision of opening hours at LVH ED may have a potential minor impact on the Unionist Community. As noted in Section 7.4, the travel times and distances to alternative ED are well within the acceptable guidelines and c62% of patients who attended between 6 and 8 pm are non-urgent and could therefore be safely seen via appointment the next day.
Marital Status	Information not routinely gathered	<b>Single</b> 34.62% <b>Married/civil partnership</b> 42.31% <b>Divorced</b> 7.69% <b>Widowed</b> 3.85% <b>Separated</b> 0.00% <b>Other /not known</b> 11.54%	It is not envisaged that these changes will impact on the basis of an individual's marital status. All patients will be afforded equality of opportunity and will be treated with dignity and respect and in a setting which is most appropriate based on a clinical

			assessment.
Dependent Status	Households in population with dependent children - 33.38%	<b>Child or children</b> 15.38% <b>Dependant older</b> 0.00% <b>A person with disability</b> 0.00% <b>None</b> 11.54% <b>Other/not known</b> 73.08%	Trust Profile – 15% of staff have stated that they have dependants. Also important to take into account that 73% have not provided an answer to this question therefore the actual number of people with caring responsibilities could potentially increase.
Disability	Household with one or more persons with a limiting long term illness 19.82%	<b>Not known</b> 69.23% <b>No</b> 26.92% <b>Yes</b> 3.85%	The Trust has 3.85% of staff who have confirmed that they have a disability. The Trust acknowledges that the category of disability is significantly underreported and the actual number <b>is potentially much higher.</b>
Ethnicity	Not routinely gathered. Evidence would appear to show that BAME groups are disproportionately affected by COVID-19	<b>Black African</b> 0.0% <b>Irish Traveller</b> 0.0% <b>Bangladeshi</b> 0.0% <b>Pakistani</b> 0.0% <b>Black Caribbean</b> 0.0% <b>Mixed Ethnic Group</b> 0.0% <b>Chinese</b> 0.0% <b>White</b> 26.92% <b>Indian</b> 7.69% <b>Other</b> 0.0% <b>Filipino</b> 0.0% <b>Not known</b> 62.39%	Majority white. 68% have not provided an answer to this question.
Sexual Orientation	Not routinely gathered. Estimated 10% of population are LGBT which equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user – data source Rainbow Project July 2008	<b>Opposite sex</b> 26.92% <b>Do not wish to answer</b> 3.85% <b>Not known</b> 69.23% <b>Both sexes</b> 0.00% <b>Same sex</b> 0.00%	69% of staff have not declared their sexual orientation. Population trends of 10% are assumed for gay, lesbian and bisexual individuals. Source: Rainbow Project.

### **(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.**

A range of key stakeholders have been included in the discussions with regard to the proposed new model. The Trust remains committed to our PPI duties and this stakeholder engagement will continue as we robustly monitor and review the temporary changes. Stakeholder engagement has and continues to take place with:

- Trade Unions
- Clinicians
- Patients/Service Users
- HSC Sector including NIAS
- Staff

Cross-sectoral consultation also takes place with other HSC Trusts, NIAS, Public Health Agency, Health and Social Care Board, Department of Health particularly throughout the pandemic.

Given the increasing importance of close partnership working with Primary Care to facilitate the new arrangements, GP colleagues and the HSCB have been regularly briefed and engaged with on the developments. GPs have been instrumental in shaping and testing the services. A local GP is also the co-lead of SEHSCT No More Silos Local Implementation Group.

This screening will be shared publicly on the Trust website and with Trade Union colleagues and all stakeholders through the normal channels.

#### (4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

##### **(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?**

<b>Section 75 category</b>	<b>Details of policy/proposal impact</b>		<b>Level of impact? Minor/major/none</b>	
	<b>Services Users</b>	<b>Staff</b>	<b>Service users</b>	<b>Staff</b>
Gender	<b>Female</b> 51.46% <b>Male</b> 48.41% <b>Not specified</b> less than 1%	<b>Female</b> 88.46 <b>Male</b> 11.53	Minor (+ve)	None
Age	<b>0-15</b> 10.39% <b>16-20</b> 4.62% <b>21-30</b> 12.30% <b>31-40</b> 13.45% <b>41-50</b> 13.15% <b>51-60</b> 14.15 % <b>61-62</b> 6.15% <b>66+</b> 25.72% <b>Unknown</b> less than 1%	<b>0-15</b> 0.00% <b>16-20</b> 0.00% <b>21-30</b> 19.23% <b>31-40</b> 23.08% <b>41-50</b> 15.38% <b>51-60</b> 38.46% <b>61-62</b> 3.85% <b>66+</b> 0.00%	Minor (+ve)	None
Religion	No direct information is gathered on political opinion. Council voting patterns have been considered	<b>Protestant</b> 46.15% <b>Roman Catholic</b> 23.08% <b>Other</b> 30.77%	Minor	None
Political Opinion	Not collected on 2011 census. Council voting patterns below are considered.  Ards & North Down Council area return a unionist majority Lisburn and Castlereagh council area return a unionist majority Newry, Mourne & Down council area return a nationalist majority	<b>Broadly Nationalist</b> 0.00% <b>Broadly Unionist</b> 7.69% <b>Do not wish to answer</b> 19.23% <b>Other</b> 3.85% <b>Not known</b> 69.23%	Minor	None
Marital Status	Information not routinely gathered	<b>Single</b> 34.62% <b>Married/civil partnership</b> 42.31%	None	None

		<b>Divorced</b> 7.69% <b>Widowed</b> 3.85% <b>Separated</b> 0.00% <b>Other /not known</b> 11.54%		
Dependent Status	Households in population with dependent children - 33.38%	<b>Child or children</b> 15.38% <b>Dependant older</b> 0.00% <b>A person with disability</b> 0.00% <b>None</b> 11.54% <b>Other/not known</b> 73.08%	Minor (+ve)	None
Disability	Household with one or more persons with a limiting long term illness 19.82%	<b>Not known</b> 69.23% <b>No</b> 26.92% <b>Yes</b> 3.85%	Minor (+ve)	None
Ethnicity	Not routinely gathered. Evidence would appear to show that BAME groups are disproportionately affected by COVID-19	<b>Black African</b> 0.0% <b>Irish Traveller</b> 0.0% <b>Bangladeshi</b> 0.0% <b>Pakistani</b> 0.0% <b>Black Caribbean</b> 0.0% <b>Mixed Ethnic Group</b> 0.0% <b>Chinese</b> 0.0% <b>White</b> 26.92% <b>Indian</b> 7.69% <b>Other</b> 0.0% <b>Filipino</b> 0.0% <b>Not known</b> 62.39%	None	None
Sexual Orientation	Not routinely gathered. Estimated 10% of population are LGBT which equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user – data source Rainbow Project July 2008	<b>Opposite sex</b> 26.92% <b>Do not wish to answer</b> 3.85% <b>Not known</b> 69.23% <b>Both sexes</b> 0.00% <b>Same sex</b> 0.00%	None	None

**(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?**

<b>Section 75 category</b>	<b>Please provide details</b>
Gender	<p>The Trust remains 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.</p> <p>The Trust has an ongoing strategy of staff training and engagement via e-learning or face to face sessions if safe and appropriate to do so.</p> <p>Also see 7.4 for consideration and mitigation</p>
Age	As above
Religion	As above
Political Opinion	As above
Marital Status	As above

Dependent Status	As above
Disability	As above
Ethnicity	As above
Sexual Orientation	As above

**(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none**

<b>Good relations category</b>	<b>Details of policy/proposal impact</b>	<b>Level of impact Minor/major/none</b>
Religious belief	<p>The Trust is committed to ensuring that staff and patients have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion.</p> <p>It is not anticipated that there will be any adverse impact on any service user on account of their race, religion or political opinion.</p>	<p>None</p> <p>The Trust has in place its Good Relations statement which is displayed on staff and service user notice boards.</p> <p>SEHSCT Good Relations Statement ‘Working together we will promote good relations between people of different race, religion or political opinion.’</p>
Political opinion	As above	As above
Racial group	As above	As above

**(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

<b>Good relations category</b>	<b>Please provide details</b>
Religious belief	<p>The Trust remains 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.</p> <p>The Trust has an ongoing strategy of staff training and awareness raising. Face to face training was stood down as part of the Trust COVID-19 response, however the e-learning module ‘Making a Difference’ is still available for staff and the Trust has recommenced face to face training where it is safe and appropriate to do so. Consideration is being given to a blended approach to delivery of training utilizing a variety of delivery methods including virtual and remote technology. On the basis of the information available, there is nothing to indicate that these temporary changes would engender any adverse impact in regard to the promotion of good relations.</p>
Political opinion	As above

Racial group	<p>As above and additionally:</p> <p>As indicated previously, it is important that the Trust continues to translate essential information. Trust staff are cognisant of the ethical reasons for ensuring that patients who are not proficient in English as a first or second competent language are provided with telephone interpreting or face-to-face interpreting to facilitate effective and safe communication.</p> <p>The Trust is encouraging staff to continue accessing telephone interpreting services as appropriate during this period to ensuring social distancing. If required, face to face can be accommodated.</p> <p>The promotion of Good Relations is an integral part of the Trust's commitment to improve the health and wellbeing of all our staff and in line with our Good Relations Strategy, we strive to ensure that all staff irrespective of religion, race or political opinion feel safe, welcomed and comfortable in work.</p>
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## (5) Consideration of Disability Duties

### ***(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?***

- The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with all relevant Disability legislation, including the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with Disabilities.
- The Trust Disability Action Plan 2018 – 2023 promotes these two duties. Additionally the Trust has policies, procedures and strategies in place aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people.
- Consideration has been given to the profile of staff and/or service users affected by the proposal including those with a disability.
- The Trust must ensure its Emergency Department services are accessible to everyone. The Trust has considered, and will continue to consider, the specific needs of its disabled service users as the proposal is implemented. The Trust ensures that its Emergency Department is fully accessible and will ensure that specific needs are assessed and addressed.
- Accessing 'Phone First' for those who are deaf or hard of hearing, through the provision of the remote interpreting service SignVideo App. This service has been established to enable the Deaf community to communicate effectively via telephone and secure video link.
- It is envisaged that these changes will have a potential positive impact on people who have disabilities. We know that people with Long Term Conditions and those who are older and more likely to have multiple morbidities tend to be more regular users of Emergency Department. These new 'Phone First' provision and temporary change to ED opening hours will enhance the patient experience and will more adequately provide the right care at the right time at the right place

- The Trust would anticipate that the proposal would have a potential positive impact on those with disabilities through the 'Phone First' Approach.
- The Trust is mindful of the impact of the COVID-19 virus on vulnerable groups including older people many of whom have a disability. The Trust is closely following Government advice on social distancing and shielding in seeking to preserve and promote the health and well-being of staff and services users.
- Having a range of tiered services in place will offer more choice in accessing the right care at the right time in the right place. People living with dementia will benefit from not having to go to a busy Emergency Department, but rather by accessing 'Phone First'.
- All staff must complete mandatory training on equality, human rights and good relations which includes awareness of disability duties. As this is available online, staff are being encouraged to complete online if possible at this present time. Patient Experience and Domiciliary Care staff have received bespoke face to face training as it is more difficult for them to access the e-learning module.

## (6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?

Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	X		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	X		
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.	X		
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X

Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 <sup>st</sup> protocol Article 2 – Right of access to education			X

**Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.**

**(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.**

The right to the highest attainable standard of health is to be realised progressively over time and the Trust as a public authority must use the maximum available resources to fulfil the right. It would seem pertinent that the Trust reflect on the findings of the NIHRC Inquiry into Emergency Care in Northern Ireland in 2014. It recorded that the International and regional instruments were pertinent to this inquiry with relevance to emergency healthcare, as well as a host of non-binding instruments.

- International United Nations (UN) International Covenant on Economic, Social and Cultural Rights (ICESCR) [UK ratification 1976]
- UN International Covenant on Civil and Political Rights (ICCPR) [UK ratification 1976]
- UN International Convention on the Elimination of All Forms of Racial Discrimination (CERD) [UK ratification 1969]
- UN Convention on the Elimination of Discrimination Against Women (CEDAW) [UK ratification 1986]
- UN Convention on the Rights of the Child (CRC) [UK ratification 1991] UN Convention on the Rights of Persons with Disabilities (UNCPRD) [UK ratification 2009] 6 Regional Council of Europe (CoE),
- European Convention on Human Rights (ECHR) [UK ratification 1951] Charter of Fundamental Rights of the European Union [UK ratification 2000]
- EU Directive 2000/43/EC implementing the principle of equal treatment between persons irrespective of racial or ethnic origin Non-binding International instruments
- Universal Declaration on Human Rights (UDHR), 1948 Vienna Declaration and Programme of Action,
- 1993 Vienna International Plan of Action on Ageing,
- 1983 UN Declaration on the right to development,
- 1986 UN Principles for Older Persons,
- 1991 UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care,
- 1991 UN Human Rights Council Resolution 19/20 ‘the role of good governance in the promotion and protection of human rights’,
- 2012 CoE, Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (Convention on Human Rights and Biomedicine)



- WHO Declaration of Alma-Ata, 1978

Notably the EU Special Rapporteur on the Right to Health was part of the Panel who conducted the Inquiry. A minimum core obligation in terms of human rights is the duty to ensure that health facilities, goods and services are accessible on a non-discriminatory basis, especially for vulnerable or marginalised groups.

The Inquiry presented evidence in regard to the following findings:

- Respect and protection of the right to human dignity
- Access to information in terms that the patient can understand is integral to the right to health and to free and informed consent
- A sufficient quantity of health facilities, goods and services is essential to ensure timely health care as required by human rights laws and standards
- Human rights standards recognise that a good quality health system requires a minimum number of health professionals
- Equal treatment and non-discrimination
- Governance

### **Respect and protection of the right to human dignity**

Through the introduction of alternative pathways and person-centred care at the right time in the right place, the Trust believes that human dignity and respect will be optimised in that people will access the care they need appropriately.

### **Access to information in terms that the patient can understand is integral to the right to health and to free and informed consent.**

A directory of pathways is being developed and will be available to help inform patient and GP decision making. A 'Phone First' system will ensure that people do not inappropriately access ED.

### **A sufficient quantity of health facilities, goods and services is essential to ensure timely health care as required by human rights laws and standards**

Specialist pathways and a variety of options will help to ensure that people do not see ED as the only option to have their healthcare needs met. It will facilitate prioritisation of cases so that immediate emergency cases are seen and treated in our Emergency Departments whilst other urgent cases are triaged and directed to the most appropriate pathway as opposed to having to wait and compete with the real emergency cases. This is an important step in making the best use of limited public resources.

### **Human rights standards recognise that a good quality health system requires a minimum number of health professionals**

In terms of having a minimum number of health professionals, again having alternate pathways will ensure that our staff are working to the best of their abilities and in accordance with their experience to deal with varying degrees of acuity in terms of urgent and emergency cases

### **Equal treatment and non-discrimination**

The Trust recognises that equality does not mean treating everyone the same but treating everyone according to their needs and so alternate pathways and triage will ensure those requiring Urgent and Emergency Care will have more timely access to the service that they need according to a clinical assessment in a more appropriate environment.

At this time the e-learning module on Equality, Diversity, Human Rights and Good Relations is promoted however face to face training programmes can be facilitated if safe and appropriate to do so.

**(7) Screening Decision**

**(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?**

Major impact		
Minor impact	X	Minor potential adverse impact identified (see below) Positive impact has been identified for several S75 categories.
No impact		

**(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening**

Yes	X
No	

**(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?**

Yes	
No	X

**(7.4) Please give reasons for your decision and detail any mitigation considered.**

The Trust has Equality Screened the proposed model for LVH ED against the nine Section 75 Equality Categories.

The screening has been deemed as an on-going detailed screening to allow on-going monitoring of the proposal to enable identification of any possible unforeseen adverse impact over a period of time in terms of equality of opportunity, good relations and human rights. This will allow for further mitigating measures to be implemented if and when required.

These proposed changes will help improve the experience of patients and staff and will improve the longstanding issues of flow and discharge within the broader HSC system.

The changes are well researched and based on clear need and exemplar best practice elsewhere. The issues faced by our LVH ED are well documented and explored. The potential benefits to the proposal can be found in 1.6 above and overall benefits may include service user experience, access

to services and appropriate treatment, workforce recruitment and retention and improved collaborative working.

The Trust is cognisant of the need to consider and mitigate any potential adverse impact. This temporary proposal will be kept under review in order to respond to emerging needs and challenges.

This temporary change to the opening hours at LVH ED has been assessed as an on-going screening and the Trust is committed to monitoring the impact of the proposal to ensure that the impact is not greater than anticipated. As with any change, the Trust is committed to monitoring the efficacy of this temporary change alongside outcomes and the satisfaction of patients, carers and staff. As an open and learning organisation, we remain determined to learn and change as necessary. The Trust commits to ongoing discussions with staff as the temporary change continues to be implemented.

The Trust has identified a potential positive impact for those in the gender, age, disability and those with or without dependents categories.

The Trust is aware that there may be a potential minor impact on those service users in the religion and political opinion Section 75 Categories due the temporary change of LVH ED opening hours. However, travel times to alternate Accident and Emergency facilities will still be well within the acceptable guidelines. Please see table below:

	Distance	Travel Time
LVH – UHD	16.7 miles	27 minutes
LVH – RVH	8.46 miles	13 minutes
LVH – Mater	9.69 miles	13 minutes
LVH – RBHSC	8.46 miles	13 minutes
LVH – Craigavon Hospital	20.01 miles	24 minutes
LVH – Daisy Hill Hospital	29.03 miles	33 minutes
LVH – Antrim Area Hospital	20.60 miles	33 minutes

See consideration and mitigating measures for potential impact on service users in the table below:

	Service Users /Staff
Gender	<p>People who are older tend to attend ED more frequently and so whilst the NI overall population is slightly more male than female; the life expectancy for females is longer. Similarly women tend to have more caring responsibilities than men – and so these changes may have a small impact disproportionately on females however it is envisaged that the changes will bring about positive impact, as opposed to negative.</p> <p>It may disproportionately impact in terms of gender as women have a longer life expectancy than men and older people tend to be more frequent users of Urgent and Emergency Care. On the basis of the information available, these changes will potentially have a positive impact on older women.</p>
Age	<p>A DOH document entitled NI Hospital Statistics Emergency Care 2019/20 cites that during 2019/2020 the highest number of Emergency Department attendances per 1,000 population was recorded for those aged 75 and over (741.7). Those aged 75 and over reported the highest attendances per 1,000 population in each of the last</p>

	<p>five years</p> <p>On the basis of the evidence and information considered within this document, it is likely that these changes are much needed to deliver a sustainable and effective model of care to deal with an ageing population, increased reliance on ED and a COVID-19 Pandemic. Evidence shows that frequent Emergency Department (ED) attendance at the end of life disrupts care continuity and contradicts most patients' preference for home-based care. Having considered the rationale and the proposed temporary change, it is clear that these measures will have a positive impact on people of all ages – notably those who are older and who tend to attend ED more often than younger people as evidenced in the service user profile in 3.1. These changes will impact positively on all age groups – predominantly on those people who are older, who we know are more regular attenders at ED</p>
Religion	<p>There may be a potential minor adverse impact on those who identify as protestant due to the temporary change in LVH ED opening hours. However the Trust has identified that an average of 62% of patients who attended the service between 6 and 8pm could avail of a minor injuries type service. Analysis of the data suggests that the introduction of a 'Phone First' service at LVH ED would serve the needs of the majority of patients and is in keeping with the principles outlined in the strategic direction within the Department of Health's No More Silos approach. In addition, c62% of patients who attended between 6 and 8pm are non-urgent and could therefore be safely seen via an appointment the next day.</p>
Political Opinion	<p>The Trust is aware that a temporary change to the provision of opening hours at LVH ED may have a potential minor impact on the Unionist Community. As noted above the travel times and distances to alternative ED are well within the acceptable guidelines and c62% of patients who attended between 6 and 8 pm are non-urgent and could therefore be safely seen via appointment the next day.</p>
Marital Status	<p>It is not envisaged that these changes will impact on the basis of an individual's marital status. All patients will be afforded equality of opportunity and will be treated with dignity and respect and in a setting which is most appropriate based on a clinical assessment.</p> <p>The Trust is mindful that some staff will have caring responsibilities. If this is the case individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects including flexible working.</p>
Dependent Status	<p>New figures released in 2020 show an estimated 98,000 people in Northern Ireland have become unpaid carers as a result of the COVID-19 Pandemic. This is on top of the 212,000 unpaid carers in Northern Ireland who were already caring before the outbreak, bringing the total to 310,000. Approximately 57,000 women (58%) and 41,000 men (42%) have started caring for relatives who are older, disabled or living with a physical or mental illness.</p> <p>The vast majority of adults with a learning disability are cared for and supported in their family home. Many of whom are being cared for by ageing parents Attendance at the Emergency Department only when necessary will have a potential positive impact on carers. The use of telephone triage from GPs, scheduled appointments, direct admissions, rapid access clinics and an Urgent Care Centre will all facilitate better flow and consequently less time spent waiting in a busy ED. It will allow emergency cases to be prioritised.</p> <p>The Trust envisages that these changes will have a positive impact on people who</p>

	<p>are carers and on those who depend on someone else by providing the right care at the right time in the right place and avoiding unnecessary attendances at the Emergency Department. Being treated quickly in ED is clearly important for both the experience and clinical outcome of patients.</p> <p>The Trust is mindful that some staff will have caring responsibilities. If this is the case individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects including flexible working.</p>
Disability	<p>It is estimated that between 17-21% of the Northern Ireland population have a disability, affecting almost 37% of households so essentially it is fair to assume that 1 in 5 people will have some form of disability.</p> <p>As previously referenced there is a disproportionate level of attendance at ED from people who have multiple morbidities and/or long terms conditions. We know that prevalence of disability increases as people get older and that as with the age statistics as cited above, there is a propensity for older people to attend ED. The Mental Health Liaison service in ED will ensure that people experiencing acute mental ill health are treated in an appropriate tailored MH setting. The Trust does routinely record disability but is aware that 19.82% of households have with one or more persons with a limiting long term illness.</p> <p>It is envisaged that these changes will have a potential positive impact on people who have disabilities. We know that people with Long Term Conditions and those who are older and more likely to have multiple morbidities tend to be more regular users of Emergency Department. These new pathways and alternatives to a regular ED, which may often have been inappropriate, will enhance the patient experience and will more adequately provide the right care at the right time at the right place</p>
Ethnicity	<p>It is not envisaged that these changes will impact on the basis of an individual's ethnicity.</p> <p>However it is important that information on these changes are communicated and available in appropriate languages and formats for people who are not proficient in English as a first language via a communication and engagement strategy. The Trust will continue to provide qualified interpreters for service users either face to face or via telephone.</p>
Sexual Orientation	<p>It is not envisaged that these changes will impact on the basis of an individual's sexual orientation. All patients will be afforded equality of opportunity and will be treated with dignity and respect and in a setting which is most appropriate based on a clinical assessment.</p>

The Trust is working closely with staff, trade union representatives and other stakeholders as this proposal is implemented.

**Assessment of Impact.**

The Trust believes that this is an evidence based model for the temporary change in the opening hours at the LVH ED. The Trust believes that there will be a potential positive impact in terms of patients, carers and staff. Notwithstanding this, the Trust acknowledges the importance of a communication and stakeholder engagement to communicate these changes. Information and communication can be provided in alternative formats and languages where a need is identified and also on request.

The Trust believes that the change of the name from an Emergency Department to and Urgent Care Centre will not adversely impact on any of the Section 75 categories. Rather this reflects the range of services available for our service users.

The screening has been deemed as an on-going detailed screening to allow on-going monitoring of the proposal to enable identification of any possible unforeseen adverse impact over a period of time in terms of equality of opportunity, good relations and human rights. This will allow for further mitigating measures to be implemented if and when appropriate and required.

The Trust is committed to ongoing screening in six months to monitor the potential adverse or positive impact to any of the Section 75 equality categories. If the Trust identifies a major adverse impact, screening can then be escalated to full EQIA as required. The Trust is also committed to undertaking a full EQIA and further public consultation for a minimum of 12 weeks in the event that any permanent changes are proposed.

## **(8) Monitoring**

### **Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?**

The Trust will monitor the implementation of change to opening hours at LVH ED to identify any unforeseen impact on any of the Section 75 categories. The Trust will also take account of information or feedback provided by service users and key stakeholders via the formal and informal consultation process.

The Trust intends to review this equality screening template at the end of the public consultation phase, and six months following implementation in October 2021, to ensure it is updated to reflect any feedback from consultees.

The Trust will be closely monitoring the ongoing impact of the temporary changes at LVH ED. This includes monitoring the following:

- ED activity e.g. number of patients using 'Phone First'
- Number of patients who need to be admitted to LVH
- Number of patients transferred from LVH ED to other hospitals
- Duration of patient's time spent in ED
- Ongoing recruitment
- Ongoing discussions with staff regarding, career progression opportunities, potential redeployments and work life balance considerations
- Patient and staff experience – satisfaction questionnaires, complaints and compliments
- Feedback from SEHSCT Communication and Engagement Plans for temporary change including potential service user /public engagement and consultation events.



Signed: Susan Thompson	
Position: Equality Manager, Organisation & Workforce Development	
Signed: Naomi Dunbar	
Position: Interim Director of Planning, Performance and Informatics	