



**Health and Social
Care Board**

Proposed Future Configuration of Emergency Department Services in Belfast

**Section 75 and Schedule 9
The Northern Ireland Act 1998**

Equality Impact Assessment Consultation Document

This document is available in alternative formats on request. Please contact:

Email: EDConsultation@hscni.net

Written: Belfast Emergency Department Consultation
Health and Social Care Board
12-22 Linenhall Street
Belfast
BT2 8BS

Telephone: 02890 960069

Text Phone: 02890 566755

(Please note Telephone and Text Phone facilities are to be used only to request a posted copy of the consultation documents or to request the documentation in an alternative format)

CONTENTS

		Page
	Executive Summary	5
Section 1	Legislative Context	8
1.1	Introduction	9
1.2	Statutory Context Section 75	9
1.3	The Equality Impact Assessment Process	10
Section 2	Background/Service Provision	12
2.1	Current Service Profile	13
2.2	Key Drivers for Change	16
2.3	Future Proposed Model	19
Section 3	Options Considered	22
3.1	Consideration of Options	23
3.2	Options considered	24
3.3	Service Recommendations	25
Section 4	Consideration of Available Data and Research	29
4.1	Strategic Data Sources	29
4.2	Local Data Sources	29
4.3	Population Profile	30
4.4	Service User Profile	32
4.5	Staffing Profile	40
Section 5	Consideration of Adverse Impacts	45
5.1	Scope	45
5.2	Equality Screening	45
5.3	Assessment of impact on Section 75 Groups - Service Users	45
5.4	Assessment of impact on Section 75 Groups - Staff	51
Section 6	Consideration of Measures to Mitigate Adverse Impacts	55
6.1	Introduction	55
6.2	Service Users	55
6.3	Staff	61

Section 7	Formal Consultation, Publication and Monitoring	64
7.1	Formal consultation	64
7.2	Publication	65
7.3	Decision of the Public Authority	66
7.4	Monitoring	66

Appendices:		
		Page
Appendix 1	Consultation Questionnaire	67
Appendix 2	Freedom of Information Act (2000) - Confidentiality of Consultations	72

Executive Summary

This document is an Equality Impact Assessment (EQIA) on the future configuration of Emergency Department Services in Belfast. The purpose of this EQIA consultation paper is to examine the available information and data, assess the proposal for any potential adverse impact and to outline any appropriate mitigation measures. This EQIA should be read in conjunction with the paper entitled 'A consultation on the future configuration of Emergency Department Services in Belfast' available at www.hscboard.hscni.net/consult

The Belfast Trust has three adult Level 1 Emergency Departments¹ at the Royal Victoria Hospital (RVH), Belfast City Hospital (BCH) and the Mater Hospital. The Belfast City Hospital Emergency Department temporarily closed in November 2011 as a consequence of staffing shortfalls and medical, recruitment and training requirements. The adult Emergency Departments cared for 154,000 new attendances in 2010/11 including 72,000 at the RVH, 40,000 at the Mater and 42,000 at the BCH²

Following a detailed consideration of options against criteria for configuration of acute services set out in Transforming Your Care, it is now being proposed that Belfast Trust's Emergency Department services should be delivered from two Emergency Departments, at the Royal Victoria Hospital and the Mater Hospital with direct access to the Belfast City Hospital available for patients who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, without the need to go via an Emergency Department.

¹ A Level 1 ED is a Consultant-led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients [NHS Data Dictionary]

² NI Hospital Statistics: Emergency Care (2010/11) (DHSSPS)

Equality Screening

An equality screening exercise was carried out on the proposals for the future configuration of Emergency Department services in Belfast.

This Equality Impact Assessment is being conducted to ensure that Belfast Trust staff, service users, carers and the public at large have an opportunity to provide their views to help inform the final decision making process.

Public Authorities are statutorily bound to consider the implications for equality of opportunity and good relations. Human rights and disability considerations are also integral to this process.

Section 2 provides an overview of the current service profile, key drivers for change and the future proposed model.

Section 3 provides a brief synopsis of the options considered and how the preferred option was identified.

Section 4 considers available data and research.

Section 5 examines how this proposed configuration could potentially affect the key Section 75 stakeholders in terms of both service users and staff, by assessing the available information and whether the impact would be differential and potentially adverse.

Section 6 looks at any mitigation measures necessary in the event of adverse impact for either staff or service users.

To conclude, Section 7 looks at the formal arrangements that the HSCB and Belfast Trust will make in terms of consultation and communication of the final decision, following the consultation.

Any comments that you may have in terms of the Equality Impact Assessment would be welcomed and considered before any decision is taken. Should you wish to have the document in an alternative format, please contact:

Email: EDConsultation@hscni.net

Written: Belfast Emergency Department Consultation
Health and Social Care Board
12-22 Linenhall Street
Belfast
BT2 8BS

Telephone: 02890 960069

Text Phone: 02890 566755

(Please note Telephone and Text Phone facilities are to be used only to request a posted copy of the consultation documents or to request the documentation in an alternative format)

A copy of this EQIA report is available on the following websites:

www.hscboard.hscni.net/consult

www.belfasttrust.hscni.net

Deadline for comments will be: 5pm Friday 10th May 2013

To facilitate comments please see Appendix One – Consultation Proforma.

Following consultation a summary report of the consultation responses will show how they were considered and helped to inform the decision making process.

Section 1

Legislative context

- 1.1 Introduction
- 1.2 Statutory Context Section 75
- 1.3 The Equality Impact Assessment Process

1. Legislative Context

1.1 Introduction

Under the statutory duties contained within Section 75 of the Northern Ireland Act 1998, each public authority is legally obliged to carry out an Equality Impact Assessment (EQIA) on each policy where screening had indicated that there may be major implications in relation to one or more of the nine equality dimensions.

1.2 Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- Between men and women generally
- Between persons with a disability and persons without; and
- Between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Public Authorities were obliged to submit their revised Equality Scheme to the Equality Commission for Northern Ireland (ECNI). The Scheme outlined how each public authority proposed to fulfil its statutory duties under Section 75 and the requirements of the Revised Guidance for Public Authorities on Implementation of Section 75. The HSCB's Scheme was formally approved in October 2011 and henceforth, policies are screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- What is the likely impact on equality of opportunity for those affected by this Policy, for each of the Section 75 equality categories? (minor, major or none).
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the Policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

Consideration is also given to the health and social inequality, disability discrimination and human right implications.

In the Scheme a commitment was given to apply the above screening methodology to all policies and, where necessary and appropriate, to subject policies to further Equality Impact Assessment.

1.3 The Equality Impact Assessment Process

An Equality Impact Assessment is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the section in the Guide to the Statutory Duties (Annex 1 – Procedure for conduct of Equality Impact Assessment). Whilst an EQIA must address all nine Section 75 categories, it does not need to afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

This current EQIA follows seven separate elements as outlined in the Equality Commission’s Guide to Statutory Duties

1. Consideration of available data and research
2. Assessment of impacts
3. Consideration of measures which might mitigate any adverse impact or alternatives which might better achieve the promotion of equality of opportunity
4. Formal Consultation
5. Decision by public authority
6. Publication of results of EQIA
7. Monitor for adverse impact in the future and publication of results of such monitoring.

Section 2

Background to Service Provision

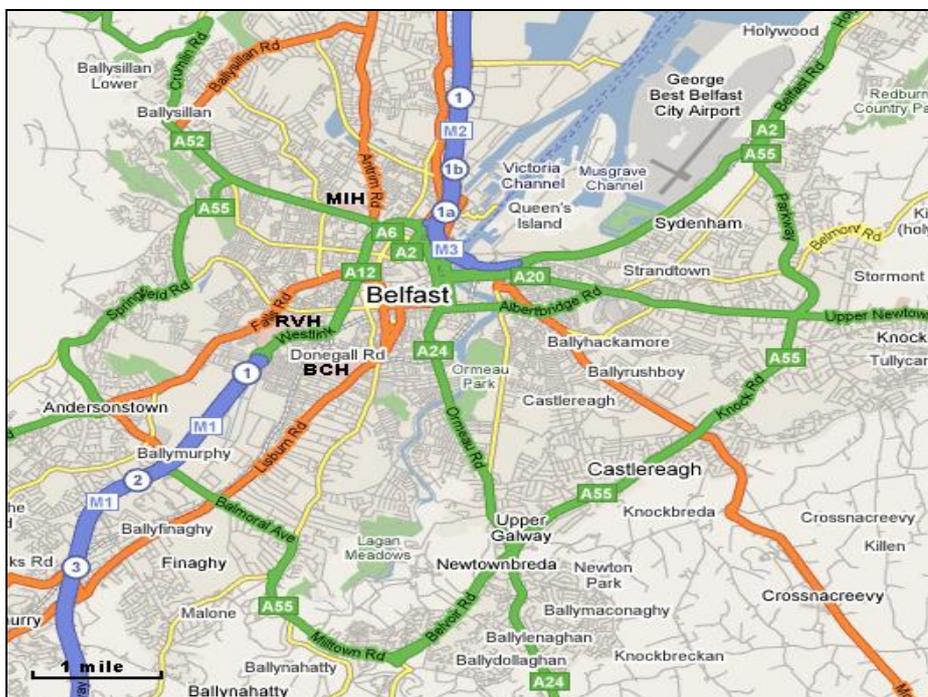
- 2.1 Current Service Profile
- 2.2 Key Drivers for Change
- 2.3 Future Proposed Model

2. Background to Service Provision

2.1 Current Service Profile

2.1.1 The Belfast Trust has three adult Level 1 Emergency Departments³ at the Royal Victoria Hospital (RVH), Belfast City Hospital (temporarily closed November 2011) and the Mater Hospital. There is also a Children's Emergency Department at the Royal Belfast Hospital for Sick Children which sees children up to the age of fourteen; a Regional Acute Eye Service and an ENT Rapid Access Clinic (both based at the Eyes and ENT Building, RVH). The adult Emergency Departments cared for 154,000 new attendances in 2010/11 including 72,000 at the RVH, 40,000 at the Mater and 42,000 at BCH.⁴ In addition, each Emergency Department has a minor injury stream, which manages minor injuries from triage via the Emergency Department Nurse Practitioner.

Figure 1: Location of Belfast Adult Emergency Departments.



³ A Level 1 ED is a Consultant-led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients [NHS Data Dictionary].

⁴ NI Hospital Statistics Emergency Care (2010/11) (DHSSP).

2.1.2 Distance

The map of Belfast in Figure 1 shows the location of the Belfast adult Emergency Departments. The driving distance from the Royal Victoria Hospital Emergency Department to the Belfast City Hospital Emergency Department is 1.2 miles, from Royal Victoria Hospital to the Mater Hospital is 1.6 miles and from the Belfast City Hospital to the Mater Hospital is 2.1 miles.

2.1.3 ED attendees: Mode of Arrival

The majority of Emergency Department patients arrive by private transport except where an ambulance is required, as shown in Table 2. Car parking and access for ambulances must be provided at each Emergency Department, although the Mater Hospital has a significant number of patients who access the hospital by foot.

Table 2: Mode of Arrival to Belfast Emergency Departments 2011/2012

Site	Ambulance	By foot	Public Transport	Private Transport	Other
RVH	31%	4.3%	6.4%	57.2%	1.1%
MIH	21%	8%	0.3%	67.9%	2.8%
BCH	24.6%	4.2%	0.5%	66.7%	4%

2.1.4 Postcode Analysis

Since the temporary BCH closure, the RVH has seen patient attendances increase from the population previously served by the BCH, as shown in Figure 3, whereas the Mater Hospital has seen a slight increase in patient attendances from its existing catchment area.

Figures indicate that the general public, continue to access the Emergency Department that is most convenient to their home. Whilst the RVH draws patients primarily from west Belfast, figures show that a significant number of patients are drawn from other post codes. Analysis of attendances at the Mater show that patients are drawn primarily from north Belfast and south-east Antrim, whereas BCH attracted patients

from all postcodes and more from postcodes in south and east Belfast (before its temporary closure.)

Figure 2: Activity Profile of BCH Emergency Department attendances by postcode – (top 15 postcodes accessing BCH to 1 November 2011)

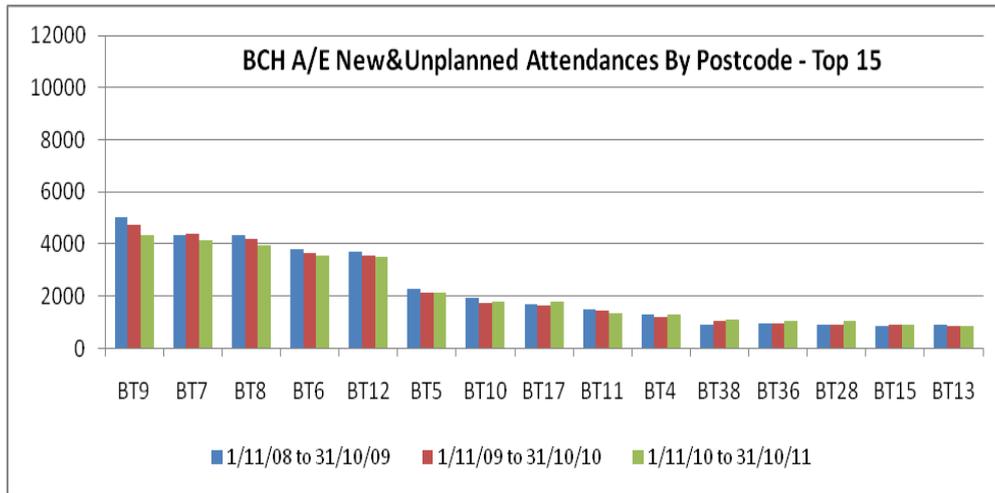


Figure 3: Activity Profile of RVH Emergency Department attendances by postcode

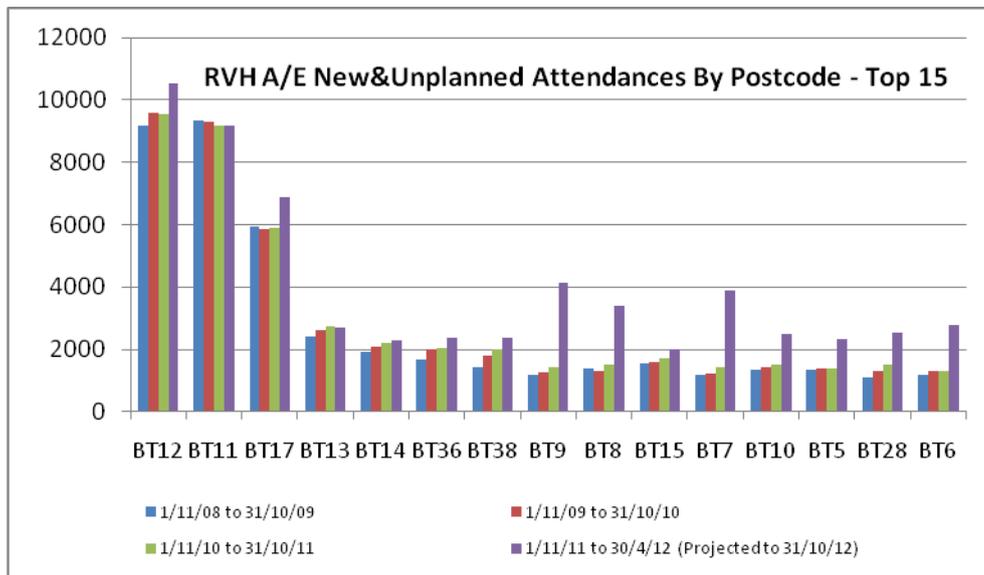
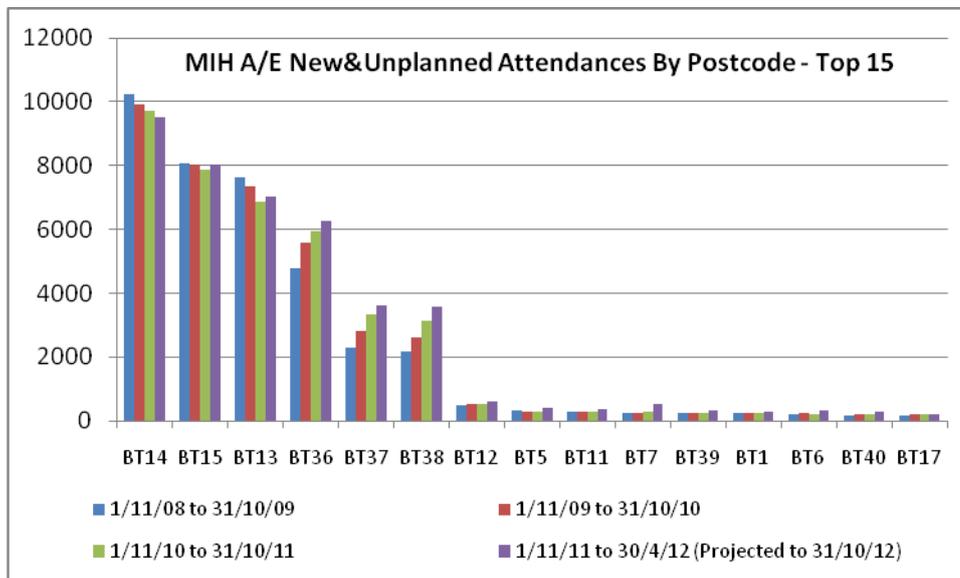


Figure 4: Activity Profile of Mater Emergency Department attendances by postcode



2.2 Key Drivers for Change

The reasons for a review of the 3-site model for Emergency Department service provision in Belfast are:

- **The future direction for integrated health and social care services, as outlined in Transforming Your Care⁵**

Transforming Your Care establishes the regional strategic direction for health and social care, with a focus on maintaining people at home and avoiding hospital admission, as far as possible, by more integrated team working between community and hospital services and with an emergency service configuration that is sustainable and resilient in clinical terms;

Where acute hospital admission is needed, services will work together to enable people to return to the community as quickly as possible, with support as required. To prevent avoidable admissions, particularly for frail older people, and ensure timely

⁵ Transforming Your Care, A Review of Health and Social Care in Northern Ireland, HSCB, December 2011.

discharge, the HSCB and Trust are working with General Practitioners and other primary care providers to enhance local community services, including:

- improved access to community preventative services focusing on practical and social activities;
 - the development of alternatives to hospital admission through, for example, expansion of the Rapid Response Service providing rapid access to specialist assessment treatment and care planning;
 - the development of services which maximise opportunities for independence (commonly called re-ablement services).
- **The strategic direction for acute hospitals and service delivery in Belfast, as outlined in New Directions** ⁶

The Belfast Trust's strategic paper, *New Directions*, set out the future service profile for each of the acute hospital sites, including a differentiation of emergency services on all sites to improve patient care, based on the type of patient's condition and needs:

The **Royal Victoria Hospital**, with its role as the regional trauma centre for the most seriously-injured patients, remains the primary Emergency Department for the Belfast Trust, with access to all the relevant specialist and diagnostic services on-site, including the Regional Critical Care Unit, emergency surgical services, cardiac surgery, neurosurgery & specialist diagnostic services. However, on its own, the RVH does not have the infrastructure to reliably support the total current Emergency Department service demand and there would be no contingency for periods of peak pressure if Emergency Department services were delivered on only one site;

The **Mater Hospital** is a small, district general hospital, providing a range of acute medical and surgical inpatient and daycase services, supported by a Medical Assessment Unit, Critical Care Unit and an Emergency Department with a Short Stay Unit and

⁶ *New Directions* – a conversation on the future delivery of health and social care services in Belfast – BHSCT, 2008.

dedicated diagnostic facilities. The resources available at the Mater, particularly its medical staffing, will allow it to continue to deliver an Emergency Department service which is complementary to that of the RVH. The Mater Hospital is less reliant on the same pool of medical staff that the RVH requires, in particular, the small size and integrated team approach to clinical care means that the Mater Emergency Department can function safely and effectively with fewer experienced or senior Emergency Department doctors;

The **Belfast City Hospital** is a large hospital with a focus on regional specialist services, such as oncology, renal, transplant, haematology, respiratory, services for older people, urology and gynaecology oncology, which are less reliant on an Emergency Department. Patient access to specialist services is changing and a direct access service, via the GP, provides a safe and timely route straight into the BCH, avoiding unnecessary attendance at an Emergency Department.

The challenge for the Belfast Trust is to ensure that its acute hospitals deliver a high quality patient experience by working as one acute network, assessing, discharging or admitting patients at the right time to the right team in the right specialty.

- **The need to deliver a safe and sustainable service into the future**

The HSCB and the Belfast Trust are committed to delivering the best outcomes for patients in the Emergency Department service through the provision of a clinically safe, high quality, effective, timely and sustainable service, which is consultant-led and where patient care is delivered by an experienced multi-disciplinary team 24 hours a day, 7 days per week.

There have been significant changes in medical practice, medical staff recruitment and training and supervisory requirements for junior doctors, such that it is unlikely that the Belfast Trust will be able to recruit and retain sufficient numbers of doctors in training to support three Emergency Departments. Inevitably, this means that the Royal Victoria Hospital, as the Regional Trauma Centre, will be the main provider of Emergency Department services.

The regional trauma centre at the **Royal Victoria Hospital** requires a more experienced cadre of doctors in training and middle-grade doctors. This has been explicitly stated by the General Medical Council⁷ and NIMDTA⁸. Importantly, this requirement is on a 24 hours a day, 7 days per week basis.

The **Mater Hospital**, as a smaller, district general hospital, is capable of functioning safely with less experienced medical trainees. As a smaller hospital, the close proximity of other specialties, such as anaesthetics and general medicine, support the delivery of emergency services. The ability of the Mater Emergency Department service to manage the profile of patients it receives is further enhanced by the clinical transport protocols that direct major trauma and other specialist services, such as stroke, directly to the Royal Victoria Hospital.

The **Belfast City Hospital**, as a large hospital with increased specialisation, particularly for long-term conditions, also requires a more experienced Emergency Department workforce and finds itself dependent on the same small staffing resource as the regional trauma centre at the **Royal Victoria Hospital**.

2.3 Future Proposed Model

Emergency Department services would be delivered from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital.

Direct access to the BCH would be available for patients who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, without the need to go via an Emergency Department,

⁷ GMC – the role of the General Medical Council is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine and promoting high standards of medical education and training.

⁸ Northern Ireland Medical and Dental Training Agency is responsible for funding, managing & supporting postgraduate medical & dental education.

The preferred model would be part of a comprehensive networked service for urgent care which is being extended and enhanced within Belfast.

Patients who become acutely ill are able to call their GP, the Out of Hours centre or the NI Ambulance Service. People who are deemed to have non urgent conditions will be directed to appropriate services, while those requiring emergency care for their condition will have a timely and appropriate response. GPs will be able to refer directly to the Belfast City Hospital for assessment, and admission where necessary, and will have the support of a community-based rapid response service which will be able to provide 24/7 home-based acute care. These services will be supported by two Emergency Departments, one in the Regional Trauma Centre in the Royal Victoria Hospital, and a second Emergency Department in the Mater Hospital, both providing an integral Minor Injury Service. Direct patient access into specialist services will also be expanded to ensure that every patient experiences a high quality, timely and effective assessment and treatment of their individual needs.

Patients who have attended the Emergency Department in either the RVH or Mater Hospital, and require admission, will be admitted to the most appropriate bed in the Belfast Acute Hospital Network (RVH, BCH and Mater Hospital).

The RVH Emergency Department is supported by an expanded Acute Medical Unit (61 beds). Patients will be assessed by a consultant physician within 13 hours of admission to the unit. Patients will have treatment planned and implemented to enable them to be discharged home within 48 hours, or be transferred to the appropriate consultant specialist on either the RVH or BCH site to have their specialist care continued.

Direct access arrangements for patients will support the Belfast Trust in its commitment to ensure that high quality care and treatment is provided in a safe, effective and timely manner, within a sustainable clinical environment.

Patients, who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, can be sent directly to the Acute Assessment Unit on the BCH site without the need to go via an

Emergency Department. This option is clinically more appropriate than waiting to be seen by a doctor in the Emergency Department.

In addition, direct referral by the GP to the Regional Acute Eye Service or ENT Rapid Access Clinic on the RVH site is available without the need for patients to attend the Emergency Department.

The Acute Stroke service, based at the RVH and currently accessed via the Emergency Department, will be further developed to support direct access for patients via the GP and the Ambulance Service.

Section 3

Options considered

3.1 Consideration of Options

3.2 Assessment of Options against Criteria

3. Options for Change and Criteria for Assessment

3.1 Consideration of Options

A long list of options for the configuration of Emergency Department services in Belfast was identified. (For full detail on options and criteria for assessment, please see the Consultation Paper: “A consultation on the future configuration of Emergency Department Services in Belfast” www.hscboard.hscni.net/consult)

The Royal Victoria Hospital, with its role as the Regional Trauma Centre for the most seriously-injured patients who require intensive, specialist, multi-disciplinary trauma care, is the primary Emergency Department. Any configuration of Emergency Department services must therefore include the RVH as the primary provider.

The criteria for Acute Reconfiguration⁹ contained within Transforming Your Care, have been used to assess how the four shortlisted options contribute to the delivery of a safe, effective, high quality, accessible, timely and sustainable service for patients attending the Emergency Department service in Belfast.

The criteria are:

- Patient Safety and Quality
- Deliverability and Sustainability
- Local access
- Effective Use of Resources
- Stakeholder Support

(Stakeholder Support was not used to assess options at this stage as it will be tested through the consultation process)

⁹ Criteria for Acute Configuration, Transforming Your Care, 2012. Appendix 1

Four options were shortlisted.

3.2 Assessment of Options against Criteria

The following 4 options shortlisted were considered:

Option 1: Three Emergency Departments (RVH, Mater & BCH)

Option 2: Two Emergency Departments (RVH & BCH)

Option 3: Two Emergency Departments (RVH & Mater)

Option 6: One Emergency Department (RVH)

An assessment of the four options against the Criteria is summarised below:

- **Option 1, with 3 Emergency Departments in RVH, BCH and Mater Hospital:**
 - Does deliver the Local Access criterion, but;
 - Does not deliver the Patient Safety & Quality, Deliverability & Sustainability and Effective Use of Resources criteria.
- **Option 2, with Emergency Departments in the RVH and BCH:**
 - Does deliver the Local Access criterion, but;
 - Does not deliver the Patient Safety & Quality, Deliverability & Sustainability and Effective Use of Resources criteria.
- **Option 3, with Emergency Departments in the RVH and Mater Hospital:**
 - Does deliver the Patient Safety & Quality, Deliverability & Sustainability, Effective Use of Resources and;
 - Does deliver the Local Access criterion.

– **Option 6, a single Emergency Department at the Royal Victoria Hospital:**

- Does deliver the Effective Use of Resources and Local Access criteria, but;
- Does not deliver the Patient Safety & Quality, Deliverability & Sustainability criteria.

3.3 Service Recommendations

Following assessment of the options against the criteria, it was recommended that:

Emergency Department services in Belfast should be delivered from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital.

Direct access to the Belfast City Hospital should be available for patients who have been assessed by their GP as requiring urgent medical assessment or admission to hospital, without the need to go via an Emergency Department.

This option is the preferred option because:

The **Royal Victoria Hospital**, with its role as the Regional Trauma Centre for the most seriously-injured patients, remains the primary Emergency Department for the Belfast Trust, with access to all the relevant specialist and diagnostic services on-site, including the Regional Critical Care Unit, emergency surgical services, cardiac surgery, neurosurgery and specialist diagnostic services. However, on its own, the RVH does not have the infrastructure to reliably deliver all the Emergency Department services for Belfast and there would be no contingency for periods of peak pressure if Emergency Department services were delivered on only one site;

The **Mater Hospital** is a small, district general hospital, providing a range of acute medical and surgical services, supported by a Medical Assessment Unit, a Critical Care Unit and an Emergency Department with a Short Stay Unit and dedicated diagnostic facilities. The resources available at the Mater, particularly its medical staffing, will allow it to continue to deliver an Emergency Department service which is complementary to that of the RVH. The Mater Hospital is less reliant on the same pool of medical staff that the RVH requires, in particular, the small size and integrated team approach to clinical care means that the Mater Emergency Department can function safely and effectively with fewer experienced or senior Emergency Department doctors;

The **Belfast City Hospital** is a large hospital with a focus on regional specialist services, such as oncology, renal, transplant, haematology, respiratory, urology and gynaecology oncology, and services for older people which are less reliant on an Emergency Department. Patient access to specialist services is changing and a direct access service, via the GP, provides a safe and timely route straight into the BCH, avoiding unnecessary attendance at an Emergency Department;

The advantage that the **Mater Hospital** has, as a small district general hospital, would not be easily replicated at the **Belfast City Hospital** because of the size and the complexity of the BCH specialist services. Access to, and the delivery of, the range of specialist services at the BCH is not dependent on an Emergency Department. Indeed, direct access pathways offer an improved quality of service for patients in, for example, cancer, haematology and renal services, which are all primarily based in the BCH. In addition, the BCH and the RVH share a reliance on the same cadre of experienced middle grade doctors and doctors in training, which is not the case at the Mater Hospital.

Therefore, the combination of the Royal Victoria Hospital, as the primary Emergency Department, complemented by a smaller Emergency Department at the Mater Hospital, will provide a safe, high quality, responsive and sustainable Emergency Department for Belfast,

supported by patient pathways providing direct access into the specialist services at the Belfast City Hospital.

Section 4

Consideration of Available Data and Research

- 4.1 Strategic Data Sources
- 4.2 Local Data Sources
- 4.3 Population Profile
- 4.4 Service User Profile
- 4.5 Staffing Profile

4. Consideration of available data and research

In keeping with the Equality Commission for Northern Ireland Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data has been drawn from a number of sources. The following data sources were used to inform this Equality Impact Assessment.

4.1 Strategic Data Sources

- Transforming your Care – a Review of Health and Social Care in Northern Ireland (Dec 2011)
- Regional Strategy ‘A Healthier Future (2005–2025)’
- Developing Better Services (DBS)
- HSCB Commissioning Plan 2012/13
- 2011 Census of Population (Northern Ireland)
- Your Health Matters – Annual Report of the Chief Medical Officer for Northern Ireland 2010
- Northern Ireland Statistics and Research Agency (NISRA)
- Migration in Northern Ireland: a demographic perspective (Northern Ireland Assembly, Research and Information Service)
- Multicultural Resource Centre, Belfast
- Northern Ireland Hospital Statistics: Emergency Care (2010/11).

4.2 Local Data Sources

- “The Belfast Way”: A vision of excellence in Health and Social Care

- “New Directions”- a conversation on the future delivery of health & social care services in Belfast
- Belfast HSC Trust Delivery Plan
- Belfast HSC Trust Corporate Plan
- Belfast HSC Trust Health and Wellbeing Investment Plan (HWIP)
- Emerging Themes – Section 75 Inequalities Audit
- Detailed Screening Report on the Temporary Closure of Belfast City Hospital Emergency Department
- Northern Ireland Health and Social Care Interpreting Service
- A Consultation on the future Configuration of Emergency Department Services
- Human Resource Management System (Equal Opportunities Management System)

4.3 Population Profile: Belfast and Castlereagh Population by Section 75 Group

Belfast Health and Social Care Trust provides integrated health and social care to the populations of Belfast City Council and Castlereagh Borough Council.

The following statistics refer to the population of both council areas.

Table 3: Belfast HSC Trust Area Population by Section 75 Group

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Gender	Male	48.1%
	Female	51.9%
Age	0 to 9	9.59%
	10 to 19	15.04%
	20 to 29	16.63%
	30 to 44	20.43%
	45 to 59	18.60%
	60 to 64	4.59%
	65 to 74	7.69%
	75 to 84	5.39%
	85 and Over	2.06%
Religion brought up in	Roman Catholic	43.5%
	Protestant and Other Christian	47.25%
	Other Religion	1.63%
	None	7.63%
Political Opinion (Based on council seats on Belfast City and Castlereagh Borough Councils)	DUP	26 seats
	UUP	12 seats
	Alliance	8 seats
	SDLP	10 seats
	Sinn Fein	14 seats
	PUP	2 seats
	Traditional Unionist Voice	1 seat
	Independent	1 seat
Marital Status (based on over 16s)	Single (never married)	37.78%
	Married or Civil Partnership	38.2%
	Co-habiting	7.31%
	Separated	4.4%
	Divorced	5.25%
	Widowed	7.06%
Dependent Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Households with: Dependent Children	28.96%
	No Dependent Children	71.04%

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Disability (based on households with one or more person with a limiting long-term illness) ¹⁰	Disabled	41.23%
	Not Disabled	58.77%
Ethnic Group	White	96.5%
	Irish Traveller	0.06%
	Mixed	0.49%
	Indian	0.72%
	Pakistani	0.09%
	Bangladeshi	0.07%
	Other Asian	0.69%
	Black Caribbean	0.03%
	Black African	0.32%
	Other Black	0.04%
	Chinese	0.78%
	Other Ethnic Group	0.20%
Sexual Orientation	Research indicates that 10% of the population is LGB. (Source: Rainbow Project July 2008)	

Source: Northern Ireland Census 2011 Key statistics.

4.4 Service Users

4.4.1 Belfast Trust Emergency Department Service Users

Due to the clinical expediency required in Emergency Department services, it is not always possible to collect a full range of data on an individual's identity in regard to Section 75 categories. The information detailed below has been collated from the Patient Administration System (n.b. Data for attendances at the BCH Emergency Department covers the time period 1st April 2011- November 2011¹¹, whilst data for attendances at the Royal and the Mater Emergency Department Services cover the period 1st April 2011 – 30th April 2012) Data from other sources has been provided as a proxy indicator to give an

¹⁰ The information on disability represents household rates, additional rates are cited later in this document.

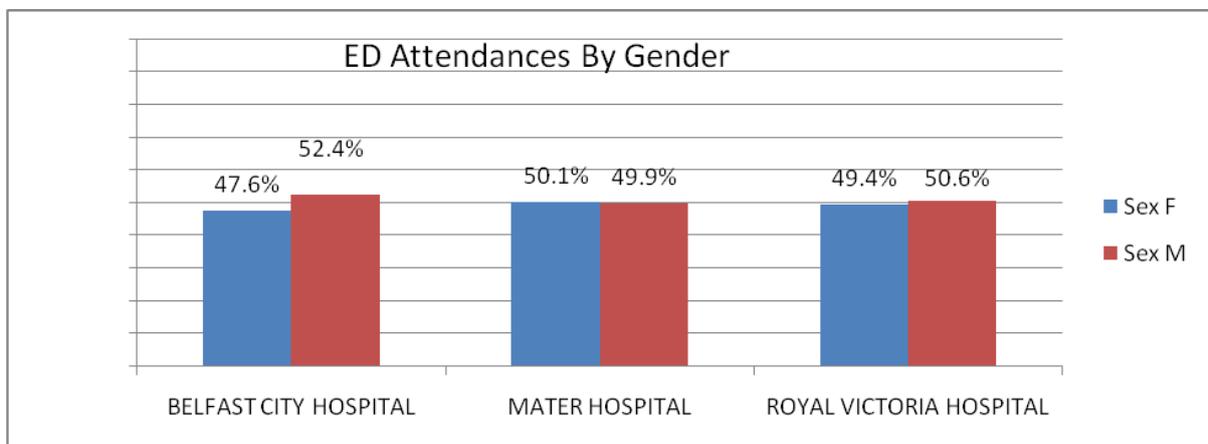
¹¹ Data collection period for BCH ED runs until 31st October due to temporary closure

indicative Section 75 profile in areas where information is not routinely collected against Section 75 categories.

4.4.2 Gender

Figure 5 shows the gender composition of service users who have attended Emergency Departments at the Belfast City Hospital, the Mater and Royal Hospitals (n.b Data for BCH ED from April –November 2011, data for Royal and Mater EDs from April 2011-2012)

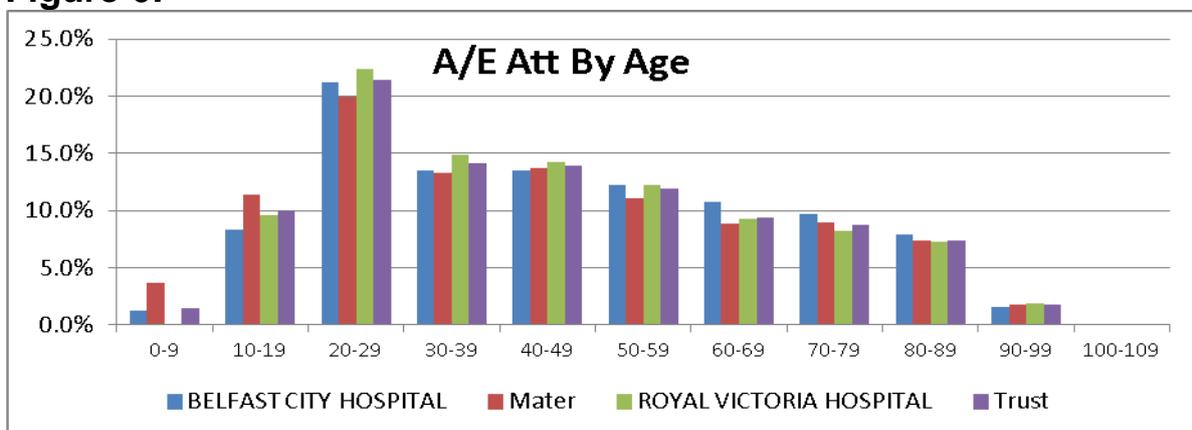
Figure 5:



4.4.3 Age

Figure 6 shows the breakdown by age of service users who have attended Emergency Departments at the Belfast City Hospital, Mater Hospital and Royal Hospital. (n.b Data for BCH ED from April – November 2011, data for Royal and Mater EDs from April 2011-2012)

Figure 6:



4.4.4 Religious Belief

Figure 7 below shows the religious belief of those who attended the three Emergency Departments. (n.b Data for BCH from April –November 2011, data for Royal and Mater EDs from April 2011-2012)

Figure 7:

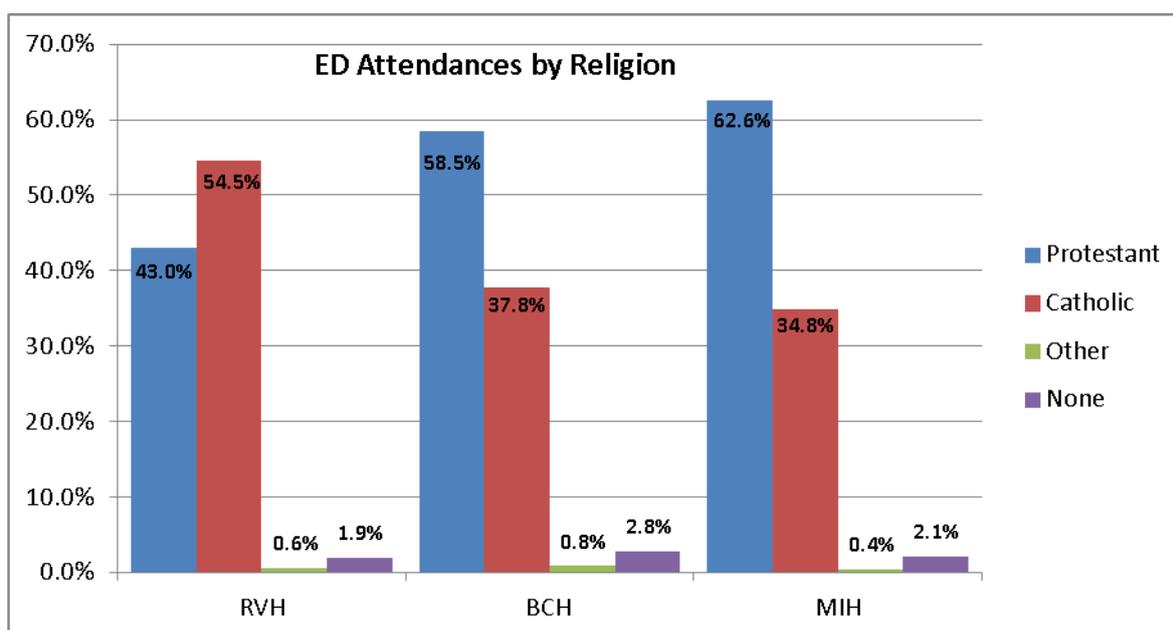


Table 4: RVH attendances from 1/4/11 to 30/4/12

Protestant	Catholic	Other	None	Total
31874	40408	408	1400	74090
43.0%	54.5%	0.6%	1.9%	

Table 5: BCH attendances from 1/4/11 to 31/10/11

Protestant	Catholic	Other	None	Total
14412	9308	209	695	24624
58.5%	37.8%	0.8%	2.8%	

Table 6: MIH attendances from 1/4/11 to 30/4/12

Protestant	Catholic	Other	None	Total
28758	16000	206	968	45932
62.6%	34.8%	0.4%	2.1%	

4.4.5 Political Opinion

The Belfast Health and Social Care Trust does not currently ask service users for their political opinion. Below are the regional and local results of the Northern Ireland District 26 Council Elections May 2011.

Regional results of NI District 26 Council Elections May 2011
Figure 8:

	DUP	UUP	Alliance	Others	SDLP	Sinn Fein
Seats won (2011)	175	99	44	39	87	138
Vote share (2011)	27.2%	15.2%	7.4%	10.4%	15.0%	24.8%
Seats won (2005)	182	115	30	28	101	126
Vote share (2005)	29.6%	18.0%	5.0%	6.8%	17.4%	23.2%

Belfast District Council Election results May 2011-

DUP	15 seats
Sinn Fein	16 seats
Alliance	6 seats
SDLP	8 seats
UUP	3 seats
PUP	2 seats
Other	1 seat

ESRC (Economic & Social Research Council)

4.4.6 Marital Status

Figure 9 provides information on the marital status of people across Belfast and Castlereagh. (2011 Census).

Figure 9: Marital Status of people across Belfast and Castlereagh

Single (never married)	37.78%
Married or Civil Partnership	38.2%
Co-habiting	7.31%
Separated	4.4%
Divorced	5.25%
Widowed	7.06%

Marital Status for Northern Ireland

2010 Marriages	8156	22.5% increase from 2009
Divorces	2,600	19.5% increase from 2009
Between 2005 - 2010		
Civil Partnerships	537	

Source- NISRA Continuous Household Survey

4.4.7 Dependants

This information is not currently recorded in Patient Administration Systems. Below are regional statistics for Northern Ireland:

Table 7: Regional Statistics for Carers in Northern Ireland

Carers in Northern Ireland	207,000
Adults with some caring responsibilities	17.6%
Female	62%
Male	38%

Source NISRA: Continuous Household Survey

Table 8: Regional Statistics for Families with Dependant Children

Families with Dependant Children (Northern Ireland)	2010
Married/Cohabiting couple	72%
Lone Mother	26%
- Single	15%
- Widowed	2%
- Divorced	5%
- separated	4%
Lone Father	2%
All lone parents	28%

2001 Census NISRA

Table 9: Belfast HSC Trust Area House Holds with Dependant Children

Belfast Health & Social Care Trust Area	%
Households with Dependant Children	28.96%

SOURCE – NISRA Continuous Household Survey

4.4.8 Disability

Information on Disability is not routinely collected. Below are 2007 Regional Statistics for Disability:

Population in Northern Ireland with a Disability:

- At a household level almost two out of every five (37%) Northern Ireland households include at least one person with a disability
- Looking only at the adult population, over one-fifth (21%) of adults in Northern Ireland have at least one disability. Amongst children, 6% are affected by a disability.

Disability Prevalence by gender

- 23% of adult females in Northern Ireland households indicated that they had some degree of disability
- 19% of adult males.

The somewhat higher prevalence of disability amongst adult females, in part, reflects the greater longevity of women and the higher incidence of disability that is associated with increased age.

Source: NISRA Prevalence of Disability and Activity Limitations amongst Adults and Children Living in Private House Holds in Northern Ireland (July 2007)

4.4.9 Ethnicity

Statistics from the NIARIS (Northern Ireland Assembly, Research and Information Service) indicate that between 2000 and 2009 an estimated 110,000 international long term migrants arrived in Northern Ireland, during the same period 86,000 left, leaving approximately 24,000. There is also a population of A2 Nationals, (Romanians and Bulgarians, although mostly Romanians) that have come to Northern Ireland since 2007 and these amount to approximately between 500 - 700 individuals (Multi Culture Resource Centre).

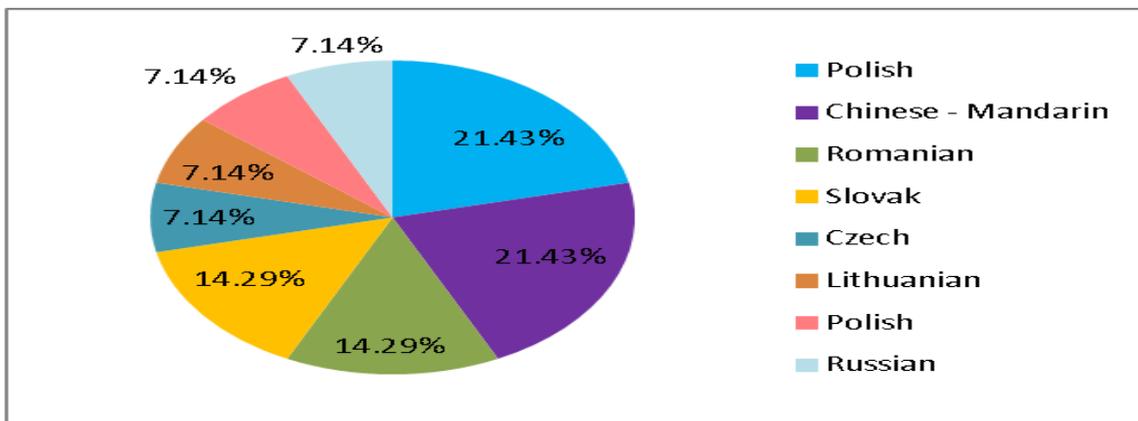
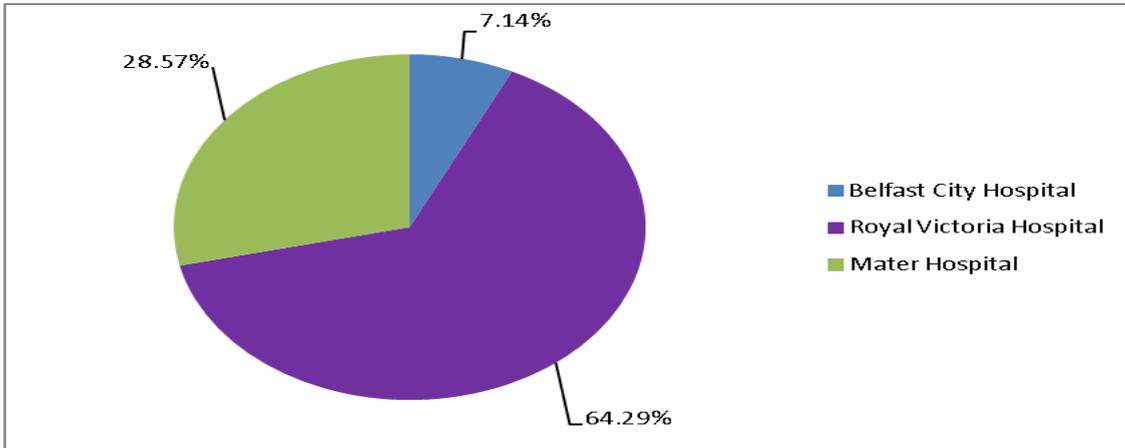
Northern Ireland Health and Social Care Interpreting Services gives an indication of the language needs of foreign nationals and ethnic minorities. The Board and Trust acknowledges that the need for an interpreter is not a proxy for each ethnic minority individual and only indicates the number of those who are not competent in English. In addition, due to the nature of the Emergency Department Services and the immediate need for language support for an attender who is not proficient in English as a first or second language, there are relatively fewer requests for face to face interpreting and the majority of interpreting at the Emergency Department is conducted via the 24 hour telephone interpreting service. The HSCB is therefore using this Equality Impact Assessment and ongoing links with community development to gather qualitative and anecdotal data to complement the quantitative data.

Northern Ireland Health and Social Care Interpreting Service statistics for Emergency Department Services Belfast Trust

Table 10: Percentage of appointments across Belfast Trust ED Services for which face to face interpreters were required between 30 April 2011 - 30 April 2012

Belfast City Hospital	1
Royal Victoria Hospital	9
Mater Hospital	4
Total	14

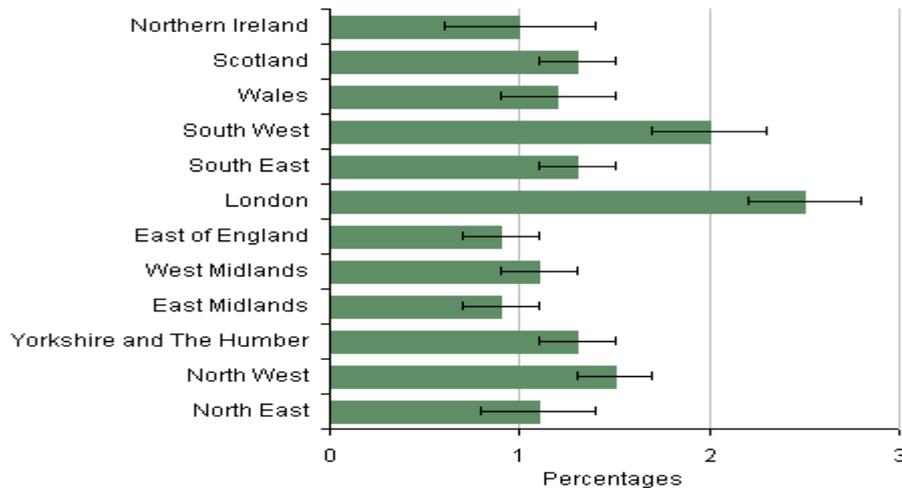
Percentage of face-to-face interpreting appointments across Belfast Trust ED services between 30 April 2011 – 30 April 2012



Languages requested in BHSCT Emergency Department Services by percentage breakdown

4.4.10 Sexual Orientation

Figure 10: Proportion of Gay/Lesbian or Bisexual adults: by Region of England and Countries of the UK, April 2010 to March 2011



Source: Integrated Household Survey - Office for National Statistics

4.5 Staff Profile

This information relates to staff employed in the Belfast Trust and 213 staff who provided the Emergency Department based at BCH (78 staff), RVH (80 staff) and Mater Hospitals (55 staff) in October 2011.

This group includes 47 Administrative staff (11 based at the Mater 15 based at RGH and 21 based at BCH), 135 nursing staff including both qualified and unqualified (36 based at the Mater Hospital, 55 based at RGH and 44 based at BCH) 7 Patient and Client Support Services staff based at BCH and 24 medical staff (8 based at the Mater, 10 based at RGH and 6 based at BCH).

As a consequence of the temporary BCH closure, the BCH staff team has temporarily relocated to either RVH or the Mater hospitals but for the purpose of this analysis they have been analysed as staff based at BCH. Patient Client Support Services staff (Domestic and Portering) based at BCH have also been included as they were directly providing a service to the BCH Emergency Department, but they remained at BCH following the temporary closure to cover existing vacancies in BCH.

Junior Doctors in training who are in short-term rotational posts have not been included in the analysis; however locum medical staff have been included.

The figures for staff providing services to the Emergency Departments for example staff employed in Patient Client Support Services (other than those mentioned above), Health Records, Theatres, Social Services, Allied Health Professionals, Pharmacy and other areas have not been included in the analysis. It is not anticipated that there will be any direct impact on these groups however they will be included in any consultation process if the proposal is implemented.

Table 11 below compares the profile of the 78 staff based in the Emergency Department at BCH with the profile of all Trust employees in order to identify any potential adverse impact. Details of the staff at RVH and Mater Hospital Emergency Departments have also been provided for comparison purposes.

Table 11: Composition of Staff*

	All Trust Staff	BCH ED Staff	RVH ED Staff	Mater ED Staff	Total ED Staff
Religion					
Protestant	45%	56%	45%	40%	48%
Roman Catholic	49%	37%	53%	60%	49%
Other	6%	6%	3%	0%	3%
Gender					
Male	21%	14%	32%	24%	23%
Female	79%	86%	68%	76%	77%
Age group					
16 to 24	4%	7%	3%	6%	5%
25 to 34	26%	49%	34%	31%	37%
35 to 44	27%	18%	26%	37%	28%
45 to 54	29%	20%	21%	17%	19%
55 to 64	12%	5%	16%	6%	10%
65+	2%	0%	0%	3%	1%
Disabled					
No	65%	46%	81%	73%	66%
Yes	2%	3%	0%	2%	1%
Unknown	33%	51%	19%	25%	32%
Marital Status					
Married	57%	56%	48%	44%	50%
Single	38%	38%	45%	56%	46%
Other/ Not Known	5%	5%	8%	0%	5%
Caring Responsibilities					
Carer	21%	17%	16%	13%	15%
None	19%	23%	19%	13%	19%
Unknown	60%	60%	65%	75%	66%
Political opinion					
Unionist	7%	3%	6%	4%	4%
Nationalist	6%	3%	5%	4%	4%
Other	7%	9%	4%	9%	7%
Do not wish to answer/ Unknown	80%	86%	85%	84%	85%
Race					

White	77%	77%	88%	78%	82%
Black/Minority Ethnic(BME)	4%	4%	3%	2%	3%
Unknown	19%	19%	9%	20%	15%
Sexual orientation					
Opposite Sex	35%	29%	28%	24%	27%
Same/Both Sex	1%	1%	1%	0%	1%
Do not wish to answer/ Unknown	64%	70%	71%	76%	72%

*It should be noted that due to rounding of the figures the percentages may not always total 100%.

Table 12 below shows the residency patterns for staff based at the 3 locations:

Table 12: Residency Patterns of staff

Home	BCH	RVH	MATER	TOTAL
County Antrim	27%	19%	36%	26%
County Armagh	3%	10%	0%	5%
County Down	13%	31%	13%	20%
County Fermanagh	1%	0%	2%	1%
County Tyrone	5%	1%	5%	4%
East Belfast	12%	6%	4%	8%
Lisburn	12%	8%	2%	8%
North Belfast	4%	5%	25%	10%
South Belfast	6%	5%	5%	6%
West Belfast	18%	15%	7%	14%

Staff travel to work on all 3 sites from across Belfast and beyond with the largest proportion of staff at each site coming from County Antrim and County Down.

Section 5

Consideration of Adverse Impacts

- 5.1 Scope of the EQIA
- 5.2 Equality Screening
- 5.3 Assessment of impact on Section 75 Groups – Service users
- 5.4 Assessment of impact on Section 75 Groups - Staff

5. Consideration of adverse impacts

5.1 Scope of the EQIA

The scope of this Equality Impact Assessment focuses on the equality and human rights considerations of the proposal that Emergency Department services should be delivered from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital with direct access, via GP's, to the Belfast City Hospital.

Equality and human rights considerations are at the core of and fundamental to the development of any service configuration proposals.

5.2 Equality Screening

In accordance with the statutory requirements of Section 75 of the Northern Ireland Act 1998, the proposal to configure the services of the Emergency Department services in Belfast was screened in and it was agreed that the preferred option would be subject to a full Equality Impact Assessment.

5.3 Assessment of Impact on Section 75 groups – Service Users

5.3.1 In an Emergency Department there is a need to treat patients as quickly as possible which reduces the opportunity to obtain Section 75 patient information. The amount of patient data which is obtained can be of limited value in the detailed EQIA analysis and therefore other sources of data are necessary to complement the primary data sets. It is anticipated, however, that the public consultation process on the proposal will provide an opportunity to raise any potential impacts in terms of Section 75. Any evidence of potential impact shall be detailed in the final Equality Impact Assessment along with appropriate mitigation measures.

5.3.2 Gender

Over all, there is a slightly larger proportion of males (50.9%) than females (49%) that attended Emergency Department services at each of the Emergency Departments with the exception of the Mater Hospital where there is a slightly higher proportion of females (50%) than males (49.8%). This varies marginally but not significantly with the Census statistics which show that within the baseline population of Belfast and Castlereagh there is a slightly higher proportion of females (51.9%) than males (48.1%).

There is currently no available information to suggest that the proposal would have an adverse impact in terms of gender.

5.3.3 Age

Analysis of the age of those that attended each of Belfast Trust Emergency Department services show there is a disproportionately high percentage of users in the 20- 29 (21.2%) age group. This is a consistent pattern across all the hospitals and could be attributed to lifestyles and younger people accessing emergency care rather than their GP. This may be particularly relevant for students who may not be registered with a GP in Belfast.

The percentage of attendances for the 60+ age group is 27.3% which, when compared to the Census baseline statistics for the 60+ age group of 19.73% of the population, it would appear that there is a relatively high proportion of the 60+ group that attend Emergency Department services. This could be attributed to degenerative conditions as the service user gets older and the high numbers of the 60+ age group that have a disability or long term illness.

NISRA statistics on people with a disability show that 41% of those aged between 60 and 74 have a disability and of those aged 75+, 60% have a disability. NISRA statistics also show that 54.39% of the 60 plus age group have a long term limiting illness (Source NISRA T48 Age – People, Family and Households.)

As illustrated in Figure 6, there are a small number of children who attend the Emergency Department services. The lower numbers of attendances under 9s particularly at the RVH is most likely due to most children attending the dedicated children's Emergency Department at the Royal Belfast Hospital for Sick Children which is not subject to change and is therefore not included in this proposal.

The statistics on the age of those that attend Emergency Department services are consistent for each of the Hospitals. There is no available evidence to date that users will be adversely impacted with regard to age, mitigating factors are considered in Section 6 of this document, where appropriate.

5.3.4 Marital Status

Information on marital status is currently not routinely collected at Emergency Departments. Census statistics on marital status state that the majority (38.2%) of the population in Belfast are married or in a civil partnership, 37.78% are single, 7.06% are widowed, 4.4% separated, 5.25% divorced and 7.31% are co-habiting. There is no evidence, however, on the basis of available information to indicate that the proposal to configure Emergency Department services in Belfast would have an adverse impact in terms of marital status.

5.3.5 Religion

Statistics on religion are not consistently collected within health and social care services. Patient postcode information compared to 2011 Census data based on religion by ward has been used as a proxy indicator for patient's religious background. According to this information the majority of service users that access Emergency Department services are from either a Protestant or Roman Catholic community background.

The majority of users that attend the RVH Emergency Department services are from the Roman Catholic community (54.5%), with 43% Protestant, 0.6% Other and 1.9% who are recorded as belonging to any religion.

The majority of users that access the BCH (58.5%) and the Mater Hospital (62.6%) are from a Protestant community background. At the BCH 37.8% are from the Catholic community, 0.8% Other and 2.8% are recorded as belonging to any religion.

At the Mater Hospital there are 34.8% users recorded as coming from the Roman Catholic community, 0.4% are recorded other and 2.1% who are recorded as having no religion.

As indicated in Section 2, people continue to access the Emergency Department that is most convenient to their home. Whilst the RVH draws patients primarily from west Belfast, figures show that a significant number of patients are drawn from other post codes. Analysis of Emergency Department attendances at the Mater Emergency Department show that patients are drawn primarily from north Belfast and south-east Antrim, whereas BCH

attracted patients from all postcodes and more from postcodes in south and east Belfast (before its temporary closure.)

Overall on the basis of the postcode analysis used as a proxy indicator, there would be a slightly higher percentage of the Protestant community impacted by the proposal, however, there is no evidence to suggest that the impact would be adverse as the post code analysis of Emergency Department attenders in Belfast indicate that users from a range of post codes do attend each of the Trust Emergency Department services.

5.3.6 Political Opinion

Neither the HSCB nor Belfast Trust currently ask service users for their political opinion. Historically in Northern Ireland there is a correlation between religion and political opinion. Whilst this would be a proxy indicator it would indicate the potential for a marginal differential impact on users from the Unionist community but there is nothing to suggest that this would be adverse. The Trust will engage with all groups of the Section 75 population during the formal consultation to ensure that they are fully informed on the proposal.

5.3.7 Disability

Information on disability is not collected uniformly across the Trust Emergency Department Services.

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Statistics produced by Disability Action Northern Ireland state that 1 in 5 of the population in NI has a disability or 20% of the population. Statistics Research Agency statistics show that 45.64% of people in the 50 plus age group have a long term limiting illness (NISRA T46 Age – People, Family and Households). Census Disability statistics in 2001 based on the population profile for the Belfast HSC Trust area (based on households with one or more person with a limiting long-term illness) state there are 43.6%, with a disability and 56.4% without a disability.

There is a short travel distance between BCH, RVH and the Mater Hospitals, however Trust mode of transport statistics show that the majority of users access each of the Emergency Departments by private car, a smaller percentage by ambulance and a significantly smaller percentage by foot, with the exception of the Mater Hospital where there is a higher proportion of users who access Emergency Department by foot. A range of public transport is also available and the hospitals are close to arterial routes. There is currently no available information which would indicate that the proposal to configure Emergency Department services would have a major adverse impact in relation to disability.

5.3.8 Dependants

In the 2011 Census, 28.96% of households in the Belfast Health and Social Care Trust area contained dependent children. Statistics provided by Carers Northern Ireland show that 17.6% of adults in Northern Ireland reported some caring responsibilities and that 62% of carers are female and 38% male. It is likely that there are patients who attend Belfast Trust Emergency Department services that may be dependents or carers. There is no available evidence to suggest that the proposal will have a major adverse impact relating to dependant status.

5.3.9 Ethnicity

Patient ethnicity is not routinely recorded during Emergency Department attendance. Census statistics from the 2011 census indicate that 3.5% of the population profile for the Belfast HSC area is from an Ethnic Minority.

However, it is recognised that demographic changes in Northern Ireland with the accession of the European states indicate a rise in those users from ethnic minority backgrounds. Statistics from the NIARIS (Northern Ireland Assembly, Research and Information Service) state that between 2000 and 2009 an estimated 110,000 international long term migrants arrived in Northern Ireland, during the same period 86,000 left, leaving approximately 24,000. The majority of these migrants are aged between 18 – 34 and are in Northern Ireland for employment purposes.

There is also a population of A2 Nationals, (Romanians and Bulgarians, although mostly Romanians) that have come to Northern Ireland since 2007. They do not have the same status as other European states. Unless they can prove that they are self-

employed and paying tax and can show proof of Ordinary Residency, they cannot access GP services and have no recourse to public funds. There are approximately between 250-300 Romanian families which equates to between 500 - 700 individuals (Multi Culture Resource Centre). They are predominantly located in south Belfast and would tend to access health care via Emergency Department services in the absence of being able to access a GP. There are also a number of Asylum Seekers living in Belfast who may access Emergency Department services while waiting for confirmation on their right to remain.

In line with general trends the Trust has been experiencing an increase in the use of its services by users from ethnic minority communities. This is evidenced by the growing numbers of requests received by the Northern Ireland Health and Social Care Interpreting Service for face-to-face interpreting from Belfast Trust acute and community services. Over the last year the NIHSCIS has received 64,000 requests for interpreters. Due to the nature of the Emergency Department services and the immediate need for language support for an attender who is not proficient in English as a first or second language, there are relatively fewer requests for face to face interpreting (see Table 11) and the majority of interpreting at the Emergency Department is conducted via the 24 hour telephone interpreting service provided by the Big Word.

Whilst the proposal is to provide Emergency Department Services at the RVH and Mater Hospitals, there is no evidence, on the basis of the information available, to suggest that the proposal to configure Emergency Department services in Belfast would have a major adverse impact with regard to ethnicity.

5.3.10 Sexual Orientation

Health and Social Care organisations do not actively ask users for their sexual orientation and so this data is not currently available. Research by the Rainbow Project indicates that 10% of a population is Lesbian, Gay or Bisexual which equates to potentially 168,500 of the Northern Ireland population. Statistics from the Integrated Household Survey from 2009-2010 show that in Northern Ireland 0.9 % of those surveyed said they were gay, lesbian or bisexual with 92.5% heterosexual. It is not anticipated that the proposal would have a major adverse impact in relation to service user's sexual orientation.

5.3.11 Multiple Identity

The HSCB is conscious that service users may not fall under just one specific Section 75 category and may have multiple identities such as a disabled person may also be from an ethnic minority or a user may be gay and be a carer. Trust services are provided to each person according to their individual needs.

5.4 Assessment of impact on Section 75 Groups – Staff

Table 13: Assessment of impact on Section 75 Groups – Staff

Group	Impact Yes / No / Don't Know	<u>Please provide details</u>
Community Background	Yes	In the area under review there is a higher proportion of Roman Catholics based at the Mater Hospital (60%) and at the RVH (53%). At BCH there is a higher proportion of Protestants (56%) however this is in line with the profile of BCH staff which is 58% Protestant. Overall the figures are similar to the Trust as a whole with 48% Protestants and 49% Roman Catholics
Gender	Yes	Belfast Trust staff on all 3 sites are predominantly Female (77% Female and 23% Male) The Belfast Trust position of 79% Female: 21% Male. There is a higher proportion of Male staff at RVH (32%) and a higher proportion of Female staff at BCH (86%)
Age	Yes	At all 3 locations there are more staff in the 25-34 age group than in the Belfast Trust as a whole. -31% at the Mater hospital, 34% at RVH and 49% at BCH. At BCH and the Mater Hospital there is a smaller proportion of staff over 55 (5% BCH, 9% Mater) than in the Trust as a whole (14%)
Disability	No	2% of Belfast Trust staff stated that they have a disability. In the Emergency Departments 1% of staff have stated that they have a disability. The Belfast Trust is committed to ensuring that

		reasonable adjustments will be facilitated according to any individual needs identified in line with the Belfast Trust's Framework on the Employment of People with Disabilities.
Marital Status	No	In the Belfast Trust 57% of staff are married, 38% single and 5% other. At BCH 56% are married and 38% single. In the Mater Hospital a higher proportion of staff than in the Trust as whole (56%) have stated that they are single. At the RVH, 48% are married and 45% single.
Caring Responsibilities	No	In the Belfast Trust 21% of staff have caring responsibilities, 19% have no caring responsibilities. No information has been provided by 60% of staff. In all 3 areas 66% of staff have provided no information on their caring responsibilities. At BCH 17% are carers and 23% have no caring responsibilities. For staff based at the Mater 13% have caring responsibilities, 13% have no dependents and dependent status is not known for 75%. At the RVH 16% are carers, 19% have no caring responsibilities and 65% have provided no information. With the higher proportion of female staff it is likely that they will have caring responsibilities. Research indicates that 1 in 8 people in Northern Ireland have caring responsibilities and Carers Northern Ireland statistics indicate that 64% of females are carers.
Political Opinion	No	At the Mater 4% of staff are Unionist, 4% Nationalist and 9% Other. This does however refer to a small number of staff as 84% have chosen not to declare their political opinion or provided no information. At the RVH 6% are Unionist, 5% Nationalist, 4% Other and 85% have provided no information. At BCH 3% are Unionist, 3% Nationalist and 9% Other with 86% providing no information
Race	No	In the Belfast Trust 77% of staff are white; 19% not Known, and 4% Black and Minority Ethnic. In the Mater 78% of staff are recorded as 'White', 20% Unknown, and 2% BME. At the

		RVH 88% are White, 3% BME and 9% Unknown. At BCH 77% are White, 4% BME and 19% Unknown. This does not differ significantly from the Trust figures.
Sexual Orientation	No	<p>The Belfast Trust position is that 35% of staff state their sexual orientation is towards the opposite sex, <1% state their sexual orientation is towards the same sex or both sexes; and 64% not known/wish not to declare.</p> <p>In the Mater Hospital no one has stated that their sexual orientation is towards the same sex or both sexes, 24% state their sexual orientation is towards the opposite sex, 76% are not known/wish not to declare. At the RVH and BCH 1% state their sexual orientation is towards the same sex or both sexes. This is in line with Trust figures.</p>

Section 6

Consideration of measures to mitigate adverse impacts

- 6.1 Introduction
- 6.2 Service Users
- 6.3 Staff

6. Consideration of measures to mitigate adverse impacts

6.1 Introduction

The consideration of mitigating measures and alternative policies is core to the EQIA process. Mitigation can take the form of lessening the severity of the adverse impact. Having considered all relevant information, Belfast Trust will take action to mitigate any adverse impact or identify any means to better promote equality of opportunity.

The evidence to date would indicate that the preferred option to configure Emergency Department services at the RVH and Mater Hospitals will enhance services for users by concentrating specialist resources and maximising senior medical and nursing staff on two hospital sites. The Emergency Department configuration proposal will further establish direct access pathways for patients into key services and make greater use of ambulatory services (alternatives to hospital admission for care and treatment) which will contribute to reduced waiting times and a much more efficient service for all users. The Trust has produced this Equality Impact Assessment paper on the basis of the information available at present. There has been nothing to date to suggest that the proposal would have a major adverse impact on any individual or group covered by Section 75.

Direct engagement will take place with representative groups as part of the consultation process to discuss and gather information to inform a comprehensive assessment of impact. All the information, views and opinions from all stakeholders will be taken into account to assist in the decision making process. The public consultation process on the proposal will provide an opportunity to raise any potential impacts in terms of Section 75. This will inform the final decision making process.

6.2 Service Users

6.2.1 Gender

Analysis of users of the Trust Emergency Department services in Belfast illustrate that a slightly higher number of users are men, apart from the Mater Hospital where there was a slightly higher number of females. The configuration of Emergency Department services in Belfast is aimed at enhancing Emergency Department services for all users. Services provided by the Emergency Department services are provided on an

individual need basis with gender considered where appropriate. Commitment will be made to equality of opportunity which is mainstreamed through the Trust Equality Scheme and is incorporated into Mandatory Equality training for all staff and managers.

Engagement and partnership work with Section 75 representative groups will continue to ensure that any potential adverse impact is addressed and lessened.

6.2.2 Age

Statistics illustrate there is a marginally higher percentage of users in the 20- 29 (21.2%) age group that access Emergency Department services. This is a consistent pattern through each of the hospitals and may be due to younger people, including students, accessing emergency care rather than their GP. Mitigation measures will be undertaken if any adverse impact is identified through the public consultation process.

Cognisance is taken of the high percentage of service users in the 60+ age group that access Emergency Department services. 27% of all Emergency Department attendances in Belfast are for people aged >60. Statistics also indicate that there is a high proportion of this age group that have a disability or a long term limiting illness. (See section on disability). The HSCB would not anticipate that the proposal would have a major adverse impact due to age or disability.

The proposal is to provide Emergency Department services at the Mater Hospital and the Royal Hospitals, supported by direct access for patients into the specialist services in the BCH. The distance between each of the Trust acute hospitals is minimal. The driving distance in miles, from RVH to the Mater Hospital is 1.6 miles, RVH Emergency Department to BCH is 1.2 miles, the furthest distance is from BCH to the Mater Hospital which is 2.1 miles. A regular free shuttle bus service is available from BCH to RVH.

Engagement with Section 75 representative groups will continue to ensure there is no major adverse impact with regard to age. The public consultation process on the proposal will provide an opportunity to further assess impact and consider mitigation if required.

6.2.3 Marital Status

There is no evidence on the basis of information available to indicate that the proposal to configure Emergency Department services in Belfast would have an adverse impact in terms of marital status. Users receive treatment on an individual basis and staff undertake mandatory equality training on equality of opportunity for Section 75 groups.

Work with representative groups will continue to ensure potential adverse impact is sufficiently and effectively mitigated. Mitigation will be considered if adverse impact is identified through the public consultation process.

6.2.4 Religion

Patient postcode information compared to 2011 Census data based on religion by ward has been used as a proxy indicator for patients religious background. This information indicates that a higher proportion of service users from the Protestant community may be impacted by the proposal.

Post code analyses of users that attend Emergency Department services in Belfast indicate that users from a range of post code areas attend each of the Trust Emergency Department services. There is no evidence to date to suggest that the impact of the Emergency Department services proposal would have an adverse impact in terms of religion. Health and social care services are provided according to the needs of the individual. There is a statutory responsibility regarding the promotion of equality of opportunity and good relations and ensuring that services are provided in a welcoming environment to all users irrespective of religious background.

All Belfast Trust staff attend mandatory Equality training which is aimed at ensuring service users are treated with respect and dignity. A recent survey carried out by the Trust as part of the development of its Good Relations strategy revealed that 96% of users felt comfortable accessing any of Trust services and buildings irrespective of their race religion or political opinion.

Work will continue with representative groups to mitigate any potential adverse impact where appropriate. It is anticipated that any potential for adverse impact regarding religious belief may be forthcoming during the public consultation process.

6.2.5 Political Opinion

The political opinion of services users is not currently sought by Health and Social Care organisations. The Belfast Trust aims to provide its services in a neutral and welcoming environment which promotes respect and equality of opportunity to all users irrespective of political background.

Work with representative groups will continue to ensure that any appropriate mitigating steps are undertaken to reduce any potential adverse impact. If there are any areas highlighted in relation to political opinion during the public consultation process which require mitigation this will be considered. As previously indicated the Trust is developing a Good Relations Strategy to ensure that good relations is further promoted and mainstreamed across its functions of service provision, employment and procurement.

6.2.6 Disability

Statistics from Disability Action show that 1 in 5 people in Northern Ireland have a disability. There is a considerable percentage of users that access Emergency Department services that are aged 60 and over. In addition information from NISRA show that 41% of those aged between 60 and 74 have a disability and 60 percent aged 75+ have a disability. NISRA statistics also show that 54.39% of the 60 plus age group have a long term limiting illness. (*Source NISRA T48 Age – People, Family and Households*).

Therefore the HSCB is cognisant that a considerable proportion of older users may have some form of disability or limiting illness.

The Emergency Departments at both the RVH and the Mater Hospital are fully accessible. Due to the short distance between BCH, RVH and the Mater Hospital particularly if travelling by ambulance or private car and the availability of public transport, it is not anticipated that the users with a disability would be majorly adversely impacted. Available information shows that the majority of Emergency Department users access the service by private transport, a two site option with more car parking spaces supports patient accessibility.

There is a Shopmobility service at the RVH which offers free hire of self-propelling wheelchairs and mechanised scooters. A free bus shuttle service is also available between the BCH and the RVH. The Trust has in place a Disability Steering group made up of key Trust staff and disability representative groups. The aim of the group is to ensure the

implementation of the Disability Equality duties which promote positive attitudes towards people with a disability and encourage people with a disability to participate in public life. Initiatives undertaken by the DSG include the establishment of an Access Audit group which has implemented a number of measures in relation to access to Trust services for people with disabilities. Engagement will continue with representative groups to monitor and lessen any potential adverse impact.

6.2.7 Dependant Status

Statistics indicate that 30.4% of households in the Belfast area have dependant children with 17.6% of adults in Northern Ireland reporting some caring responsibilities. Statistics on Emergency Department Services attendances on age show there is a high percentage of older people that attend Emergency Department services. It is probable, therefore, that there are service users that attend Trust Emergency Department services who may be dependents or carers. The Emergency Department configuration proposal will further establish direct access pathways for patients into key services and make greater use of ambulatory services (alternatives to hospital admission for care and treatment) which will contribute to reduce waiting times and a much more efficient service for all users.

Work with representative groups will continue to ensure no adverse impact is experienced as a result of the proposal. If there is any potential for adverse impact regarding dependant status, it is anticipated that this may be identified during the public consultation process. The Trust is committed to undertaking the appropriate mitigating measures that may be required.

6.2.8 Ethnicity

Demographic changes in Northern Ireland with the accession of the European states include a rise in those users from ethnic minority backgrounds. Anecdotal evidence would suggest that a considerable proportion of service users from an ethnic background may access Emergency Department services. This may be due to their not being entitled to register with a GP through EU restrictions or their residency status. Commitment to equality of opportunity and the promotion of Good Relations will endeavour to ensure that all users are treated according to need.

Belfast HSC Trust manages and oversees operation of the Northern Ireland Health and Social Care Interpreting Service. The service

provides a range of 36 languages and has a register of some 360 trained and accredited interpreters. The Trust has also access to telephone interpreting through the Big Word Interpreting Service and given the requirement for expedience in this service, Emergency Departments shall often use telephone interpreting to ensure that a service user who is not proficient in English shall have equality of access to information. Telephone interpreting is ordinarily the most appropriate means of language support for Emergency Department service users. It also ensures that there is fully informed consent to any treatment or medication provided within the Emergency Department.

Each of the Trust Emergency Departments has access to a Translated Welcome Pack for those patients that may not speak English proficiently. The pack provides information for staff and patients relating to language, religious and spiritual needs of ethnic patients. A Multi-Cultural Handbook for staff is also available.

The Belfast Trust will continue to endeavour to ensure that the language, religious, spiritual and cultural needs of ethnic patients are considered in the provision of all services. The needs of ethnic patients will be considered when communicating changes involved and the HSCB and Belfast Trust will engage with ethnic minority groups through the EQIA consultation process. Work will continue with users and representative groups to monitor impact and ensure that minority ethnic patients have access to all Trust services.

6.2.9 Sexual Orientation

Research shows that approximately 168,500 of the Northern Ireland population is Lesbian, Gay or Bisexual. The Belfast Trust provides care on an individual basis and is committed to equality of opportunity for all service users. Engagement will continue with representative groups to ensure the proposal does not have a major adverse impact in relation to sexual orientation and that service users receive a service that meets their needs and respects them as an individual.

6.2.10 Human Rights

The Health and Social Care Board and the Belfast Trust understand that equality and Human Rights are inextricably interlinked. The Trust's corporate values of respect and dignity are two of the core principles under the Human Rights Act. The principles of human rights are embedded and mainstreamed throughout Trust policies and procedures. Each member of Trust staff is obliged to attend Trust Equality, Good Relation and Human Rights training.

6.2.11 Health and Social Inequalities

The HSCB is aware of the health inequalities experienced by a proportion of service users. The HSCB is also cognisant of the correlation between health inequalities and those across the Section 75 categories. The HSCB and Belfast Trust have conducted audits of Section 75 inequalities, based on its functions to identify which inequalities may exist and have formulated action plans to address these inequalities for its service users and staff.

6.3 Staff

The preferred option is to deliver Emergency Department services from two Emergency Departments at the Royal Victoria Hospital and the Mater Hospital. This will impact on staff currently providing the service at BCH, RVH and the Mater Hospital, primarily staff working at BCH who will be required to relocate to RVH or the Mater Hospital. As previously noted in Section 4.5 the majority of the staff that provided the Emergency Department service at BCH have already temporarily moved to the RVH and the Mater Hospital.

The analysis of the staff profile and consideration of adverse impact are set out in Section 4 and 5. This identifies that a greater number of female staff and staff aged 25-34 are employed at BCH than in the Trust as a whole and it is likely that many of these staff will have caring responsibilities. The analysis also identifies that there is a higher proportion of Protestant staff employed in the Emergency Department at BCH than in the Trust as a whole although this is in line with the overall profile of BCH.

The Trust will ensure that it will take account of this in the implementation of any reorganisation and the measures which will be applied to mitigate against any potential adverse impact for the staff affected are set out below.

6.3.1 Providing Support for Staff

In dealing with any reorganisation proposal the Trust is committed to ensuring that the process is characterised by openness, transparency, involvement, recognition and engagement with its staff and Trade Union Side colleagues. It will comply with all relevant employment and equal opportunities legislation when implementing any proposed changes.

The Trust has developed a Good Practice Guide on Consultation and Communication in relation to its Strategic Reform and Modernisation

Programme. This guidance sets out the consultation and communication framework for the Trust, the essentials of public consultation and details the staff and equality considerations to be undertaken by Managers. It will be applied to this process and the general principles are:

- Staff will be kept fully informed and will be supported during this Process;
- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes;
- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

In relation to this proposal, if approved, the Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms which can be tailored to the specific needs of individual staff. These will include, as appropriate, individual staff support, induction, training and re-skilling, application and interview preparation if required, and advice and guidance on Human Resource policies and procedures.

6.3.2 Staff Relocation / Redeployment

This proposal will involve the relocation and redeployment of some staff as detailed in Section 4.5. The proposal, if approved, will require the relocation and redeployment of the Belfast City Hospital Emergency Department staff in order to deliver the Emergency Department Service in the Royal Victoria and Mater Emergency Departments. Bringing departments together will enable staff to be redeployed more efficiently and effectively. This will impact on all Emergency Department staff. The Trust in partnership with Trade Union side will consider how it will minimise any adverse impact on the workforce resulting from this. This will be dealt with in accordance with the Trust's agreed **Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol**. The Trust is committed to engaging and consulting fully with staff throughout the consultation process and thereafter.

The Trust recognises that the predominantly female workforce who are likely to have caring responsibilities will have particular needs. It will give consideration to the provision of different work patterns and/or

arrangements to facilitate employees' personal circumstances, wherever possible, whilst ensuring efficient and effective service delivery. This will be facilitated through the Trust's range of work/life balance policies and flexible working arrangements developed in partnership with Trade Union Side.

Any requirements for reasonable adjustments for staff with disabilities will be facilitated in line with the Trust's Framework on the Employment of People with Disabilities.

The three hospital sites are approximately two miles apart. The analysis from the post code information shows that the majority of staff already travel to work from across all areas of Belfast and beyond. However, where staff are relocated, and this necessitates travelling further to work, they are entitled under Agenda for Change Terms and Conditions to excess travel payments to mitigate any additional cost involved.

6.3.3 Partnership Approach

The Trust will ensure the effective management, implementation and review of the process at every stage. It will ensure a partnership approach with Trade Union side to achieve an effective transition to the new arrangements in line with the appropriate Frameworks referred to above.

6.3.4 Ongoing Monitoring and Review

The Trust is committed to ensuring that all of the reorganisation requirements and outcomes associated with this proposal will be closely monitored to ensure that individual staff are fully supported and effectively integrated as appropriate into any new structures, working arrangements or new job roles.

Section 7

Formal consultation, publication and monitoring

- 7.1 Formal Consultation
- 7.2 Publication
- 7.3 Decision of the Public Authority
- 7.4 Monitoring

7. Formal consultation, publication and monitoring

7.1 Formal Consultation

A formal consultation process will be undertaken on the Consultation Paper: A Consultation on the future configuration of Emergency Department services in Belfast and the associated Equality Impact Assessment documents.

With this in mind the following actions will be undertaken:

- A letter will be issued to relevant Consultees listed in the Health and Social Care Board's Equality Scheme
- A copy of this report will be posted on the website
- We will consider the accessibility and format of every method of consultation we use in order to remove barriers to the consultation process
- Information will be made available on request, in alternative formats.

The closing date for responses is 5pm Friday 10th May 2013.

7.2 Publication

The outcomes of the EQIA and final EQIA document will be posted on the Health and Social Care Board and Trust's website and made available on request. The Health and Social Care Board shall issue the outcome of the EQIA to those who submit responses to its consultation on this proposal.

7.3 Decision of the Public Authority

The HSCB will take into account any responses or feedback provided before taking a final decision on the proposal. Proposed measures within the consultation plan will be carried out to ensure that all current users and any potential future users and the general public are aware of the outcome on the future configuration of Emergency Department services in Belfast and the future logistical arrangements and additional services put in place.

7.4 Monitoring

In keeping with the Equality Commission's guidelines governing EQIA, a monitoring strategy to monitor the impact of the configuration of Emergency Services on the relevant groups and sub-groups within the equality categories will be established. The HSCB will publish the results of this monitoring and include these in its annual progress report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the change results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the HSCB will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

EQIA Consultation Questionnaire

The aim of this consultation is to obtain views from interested stakeholders on the Equality Impact Assessment. We would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided

The closing date for this consultation is 5.00pm Friday 10th May 2013 5pm and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations, please let us know.

Responses should be sent to:

Email:	<u>EDConsultation@hscni.net</u>
Written:	Belfast Emergency Department Consultation HSCB 12-22 Linenhall Street Belfast BT2 8BS
Telephone:	02890 960069
Text Phone:	02890 566755

(Please note Telephone and Text Phone facilities are to be used only to request a posted copy of the consultation documents or to request the documentation in an alternative format)

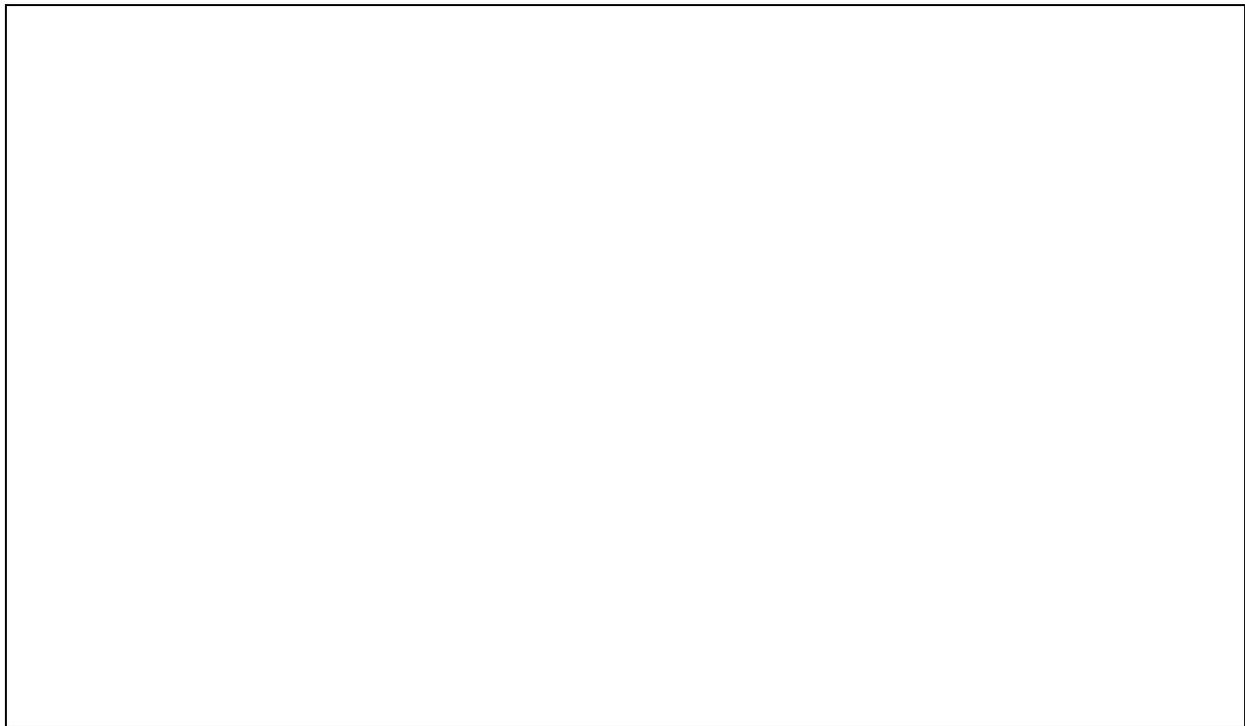
Before you submit your response, please read Appendix 2 at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Name:	
Position:	
Organisation:	
Address:	

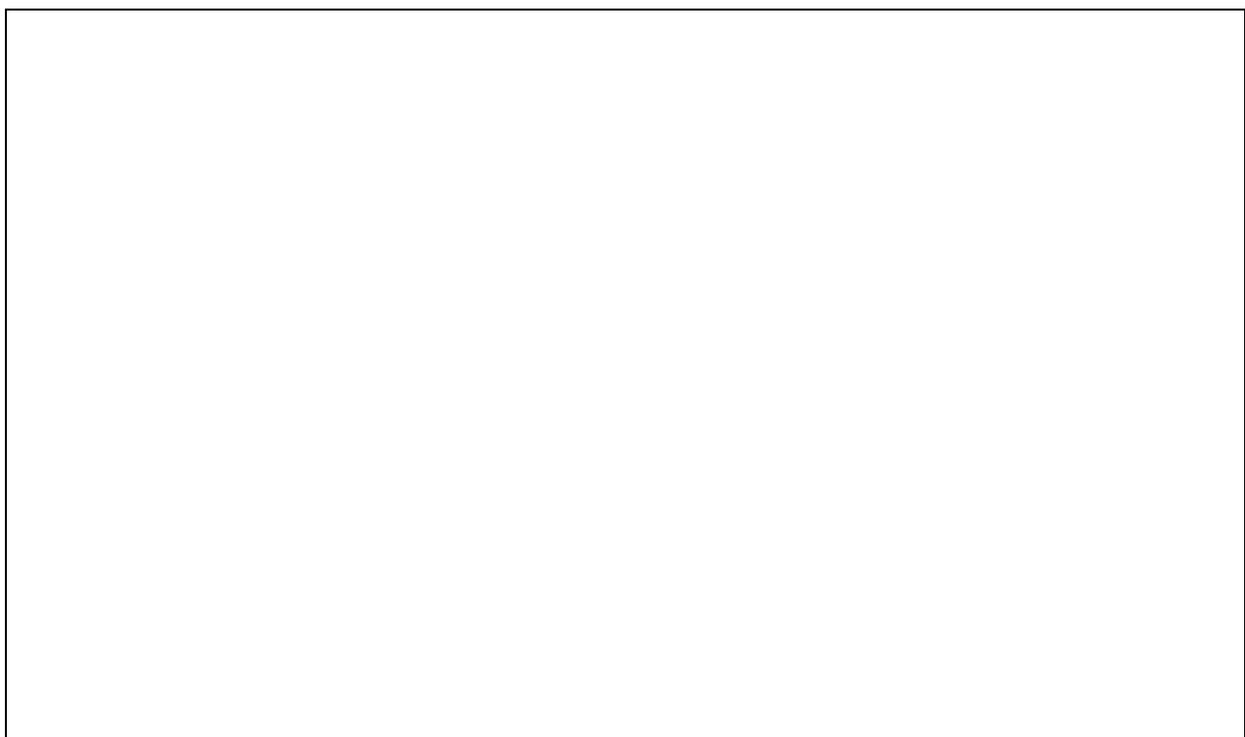
I am responding: as an individual on behalf of an organisation
(please tick)

Can you identify any additional relevant evidence or information which could have been considered in assessing the equality impacts of these proposals?

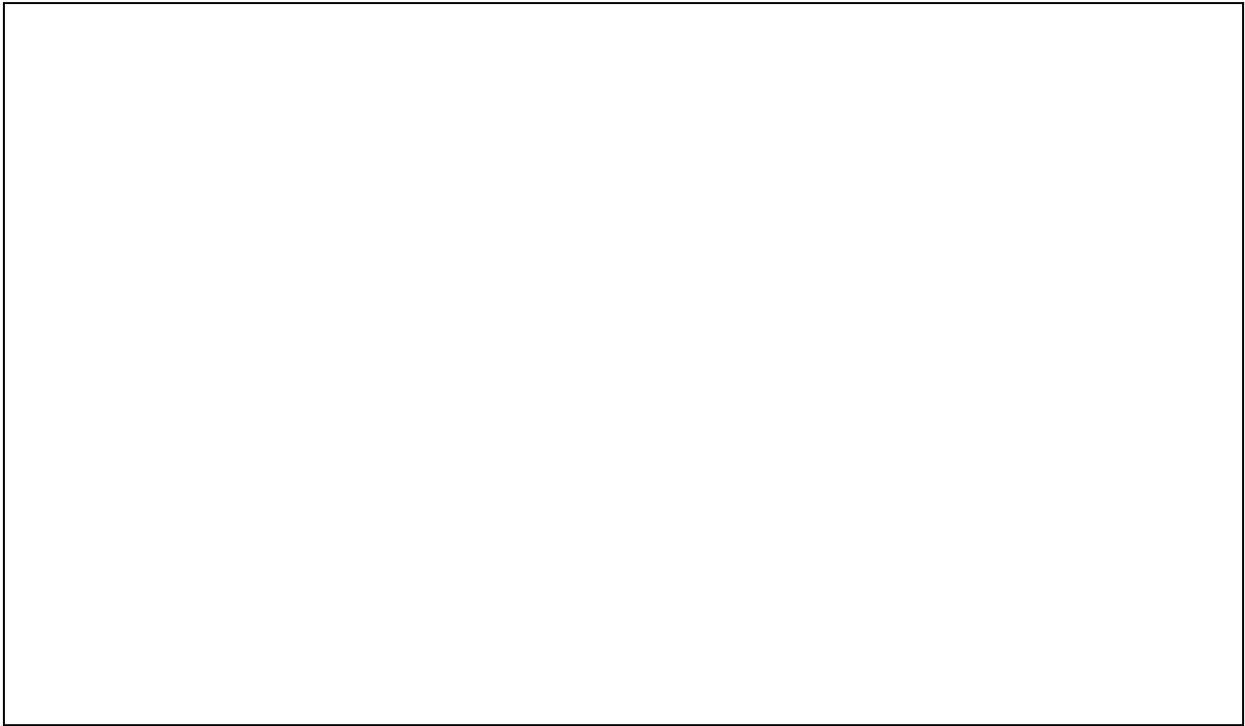
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?



Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff and/or service users concerned?



The Health and Social Care Board is seeking your views on the human rights implications of the proposals and any issues you think relevant.

A large, empty rectangular box with a thin black border, intended for the respondent to provide their views on the human rights implications of the proposals.

General comments

Thank you for your input to this consultation exercise.

Freedom of Information Act (2000) – Confidentiality of Consultations

An anonymised summary of responses will be published following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, this right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in particular circumstances would information of this type be withheld.