



Belfast Health and
Social Care Trust

Excellence and Choice

Equality Impact Assessment Document

In accordance with Section 75 and Schedule 9
The Northern Ireland Act 1998

on a proposal to reorganise the delivery of
Acute Services in Belfast

Adult inpatient and day case ENT services

Consultation period 5 July 2010 – 31 October 2010

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact:-

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Executive Summary

The Belfast Trust considers it both timely and appropriate to review its acute services- to build on the fine legacy and to consolidate the experience and expertise engendered from the six former legacy Trusts across Belfast and to simultaneously deliver integrated and seamless person-centred health and social care.

The public consultation “New Directions”, from August to November 2008, began a conversation between Belfast Trust and the people we serve on how we should deliver services in a faster, more flexible, less bureaucratic, and more effective way.

With broad public support for this direction of travel, the Trust now intends to set about the process of reviewing how and where we deliver a range of our acute services. These proposals are described in a consultation document entitled “Excellence and Choice – Right Treatment, Right Place” www.belfasttrust.hscni.net

This represents a significant opportunity to build on the excellent services we provide as well as looking at how to make them more readily accessible for patients, clients and service users; and what clinical links they have among each other that we can develop.

This paper is an Equality Impact Assessment document reflecting on the Trust’s proposal to provide inpatient and day case services currently located at the Belfast City Hospital (BCH) and the Royal Group of Hospitals (RGH), to one specialised ENT inpatient service at the RGH

An Equality Impact Assessment is an in-depth study of a policy or proposal to assess the extent of the impact on the equality of opportunity for the nine categories identified under Section 75 of the Northern Ireland Act 1998. The Act requires the analysis and consideration of both quantitative and qualitative data and consultation with all stakeholders.

It is important that the Trust delivers services locally where possible; therefore ENT outpatient services would continue to be delivered from the BCH, the RGH and Wellbeing and Treatment Centres.

The ENT service provides both local and regional services for the assessment, diagnosis and treatment of diseases, injuries or deformations of the ear, nose, throat, head and neck areas.

Clinical teams across the range of split-site specialties believe that there are potentially significant benefits in bringing specialties together in the same hospital to form dedicated specialist units.

The current accommodation at the Belfast City Hospital is below standard and is not capable of being brought up to an acceptable standard. The ENT multi-disciplinary project team, which comprised service users and trade union representatives, reviewed 3 potential locations for the service:

1. Continue with current arrangement – ie inpatients and day cases at both Belfast City Hospital and Royal Group of Hospitals;
2. Deliver all inpatient and day case services at the Royal Hospitals;
3. Deliver all inpatient and day case services at the Belfast City Hospital.

A consideration of these options was undertaken looking at the benefits and disadvantages of each option regarding the redesign of adult ENT inpatient and day case services. The findings from this analysis favoured the development of a single specialist adult inpatient and day case service at the Royal Hospitals. This option would facilitate the development of a specialised unit, bringing together all surgeons practising the same speciality interest to form a centre of excellence.

In summary, the project team recommendations were that:

- ENT services should be located together in one acute hospital for the key benefits of improved streamlined clinical pathways, team working, clinical rota management and efficiency in service delivery.
- The Royal Hospitals, in the E&ENT Building (Eyes & Ear, Nose and Throat), offers the best location for the service in Belfast because:
 1. Whilst the relevant clinical linkages exist at both the Belfast City Hospital and the Royal Hospitals for this largely elective service (85%), the existing Belfast City Hospital service is based at the Dufferin building in sub-standard accommodation, which needs to be removed from clinical use as soon as possible. In addition, there is insufficient space elsewhere at the Belfast City Hospital to provide the necessary level of beds and operating theatres.

2. The ENT service at the Royal Hospitals, provided from the E & ENT Building, has bed and theatre capacity to enable the BCH service to relocate.

The Trust is now embarking on a consultation process regarding the preferred option of providing ENT inpatient and day case services at the Royal Hospitals site.

This Equality Impact Assessment describes the range of ENT services provided at Belfast City Hospital, and the Royal Hospitals, how the Trust proposes to re-design them and its commitment to ensuring they are of the highest possible quality.

This Equality Impact Assessment paper will firstly outline the organisational and strategic context from where this proposed reform has emanated.

Section 2 provides an overview of the current service model, the factors which have prompted the Trust to propose the new model of ENT services and how the future model would work.

Section 3 outlines the consideration of options process and how the preferred option was identified.

Available data and research is considered and covered in Section 4 whilst Section 5 examines how this proposal could potentially affect the key stakeholders.

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 Trust will make in terms of consultation and communication of the final decision, following the consultation.

The Trust is conducting this EQIA to ensure that our staff, service users and the public at large have an opportunity to provide their views before any final decisions are taken. It is committed to consulting widely on these proposals and will also be organising a series of meetings at which interested parties or individuals can discuss contained in this document with Trust Managers.

More detail on the proposal can be found in the consultation document “Excellence and Choice – Right Treatment, Right Place – Adult ENT Services” available to download at www.belfasttrust.hscni.net.

SECTION 1

INTRODUCTION

- 1.1 Introduction
- 1.2 Statutory Context Section 75
- 1.3 The Equality Impact Assessment Process
- 1.4 Trust's Background, Purpose Values and Strategic Objective
- 1.5 Trust's Management Structure and Descriptions

1 Introduction

1.1 Under the statutory duties contained within Section 75 of the Northern Ireland Act 1998, the Belfast Health and Social Care Trust ('The Trust') gave an undertaking to carry out an Equality Impact Assessment (EQIA) on each policy or group of co-joined policies where screening had indicated that there may be significant implications in relation to one or more of the nine equality dimensions.

- The Trust welcomes any comments which you may have in terms of Equality Impact Assessment.

A copy of this EQIA report is available on the Trust's website at <http://www.belfasttrust.hscni.net>

Deadline for comments will be: 31 October 2010.

To facilitate comments please see Appendix Three – Consultation Proforma. Following consultation a summary report will be made available.

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.

The Trust submitted its adopted Equality Scheme to the Equality Commission for Northern Ireland (ECNI) in June 2007. The Scheme

outlines how the Trust proposes to fulfil its statutory duties under Section 75. Following approval of the Scheme, existing policies were screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- Is there any evidence of higher or lower participation or uptake by different groups?
- Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy issue?
- Is there an opportunity to promote equality of opportunity between the relevant different groups, either by altering the policy, or by working with others in government or in the larger community, in the context of the policy?
- Have consultations with relevant groups, organisations or individuals indicated that policies of that type create problems specific to any relevant group?
- Consideration was also given to the health and social Inequality, disability discrimination and human right implications.

Further, the Trust gave a commitment to apply the above screening methodology to all new policies as an integral part of the development process and where necessary and appropriate to subject new policies to further Equality Impact Assessment.

Human Rights

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the convention rights and makes it unlawful for a public body to act incompatibly with the convention rights.

The Trust will make every effort to ensure that respect for human rights, particularly Article 8, parts i and ii, is part of its day to day work and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations and

relevant legislation and previous judicial reviews at the core of any decisions or considerations.

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 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 shall follow 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.

1.4 Trust's Background, Purpose, Values and Strategic Objectives

1.4.1 Background to the Trust

The Belfast Health and Social Care Trust (the Trust) was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. The Belfast Health and Social Care Trust has been formed from the following six Legacy Trusts:

- Belfast City Hospital Trust
- Green Park Healthcare Trust
- Mater Hospital Trust
- Royal Hospitals Trust
- North & West Belfast H&SS Trust
- South & East Belfast H&SS Trust.

The Trust serves the population, not only of Belfast and Castlereagh but all of Northern Ireland with its Regional Services providing the full range of hospital community and social care services for older people, for children and for people with mental health, learning disability, physical disability as well as acute and rehabilitative care for patients and clients.

Health and Social Services Trusts (HSS) are provided for under Article 10(1) of the Health and Personal Social Services (NI) Order 1991 and the functions of the Trusts' are conferred by this legislation.

1.4.2 Trust's Purpose, Values and Objectives

Purpose:

The purpose of the Belfast Health and Social Care Trust is "to improve health and wellbeing and reduce health inequalities"

Values:

The Trust undertook an engagement process asking a range of people what matters most as we carry out our work. Through dialogue and

engagement with Service Users, Carers, Staff, Staff Side and others, four key values were identified:-

- Respect and Dignity

Treating all with respect and dignity. Respect embodies equality and equity, maintain fairness in policy and practice.

- Accountability

Having a personal and professional accountability for the provision of high quality care and services by competent staff in a safe environment. Being accountable for achieving clear standards in service delivery, care and service outcomes and experience. Securing the best use of resources and ensuring services are planned, delivered and evaluated to make the most of financial and other available resources.

- Openness and Trust

Have a clear process with two-way communication with Users, Staff and the Public with transparency, openness and trust in decision making and communication and providing timely and appropriate information to service users.

- Learning and Development

Building capacity and empowering people through appropriate development and support.

Strategic Objectives:

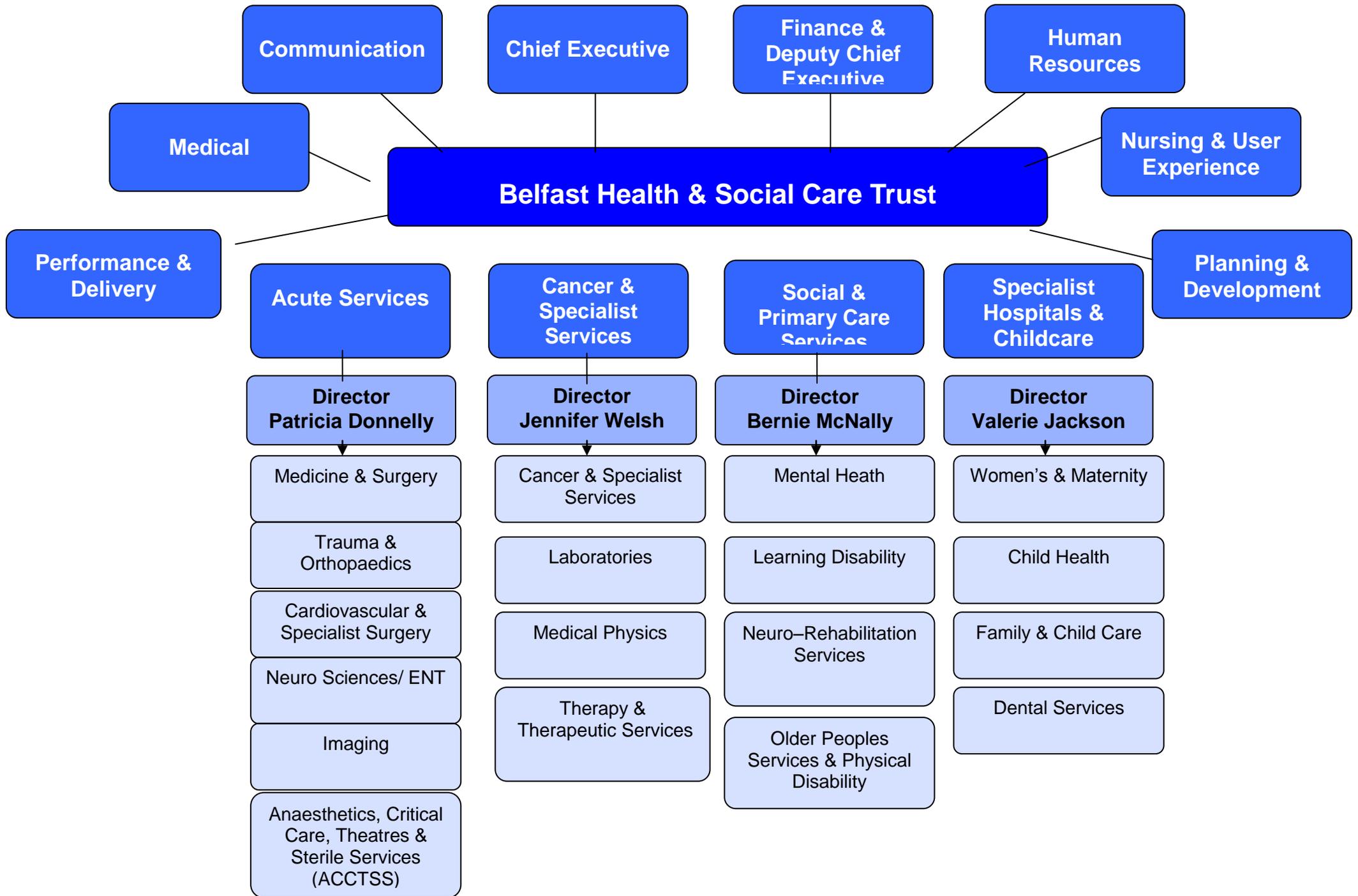
On the firm base of the organisational values, five strategic objectives have been developed. These five objectives support the purpose and shape the strategic direction over the next three to five years:-

- ① To provide safe, high quality and effective care
- ② To modernise and reform our services
- ③ To improve health and wellbeing through engagement with our service users, local communities and partner organisations

- ④ To show leadership and excellence through organisational and workforce developments
- ⑤ To make the best use of our resources to improve performance and productivity.

1.5 Management Structure and Descriptions

The Management Structure of the Belfast Trust is as follows:-



ENT services falls within the remit of Acute Services, in the Belfast HSC Trust. This service group is responsible for the development and delivery of services including: cardiology, vascular, thoracic, general surgery and general medicine and urology.

The Trust's Headquarters is situated at:

Roe Centre
Knockbracken Healthcare Park
Saintfield Road
BELFAST BT8 8BH

Telephone number: 028 9056 5555 Minicom number: 028 9056 5406

The Trust also has a freephone enquiry line. This provides information about Trust services: Telephone number: 0800 228844.

SECTION 2

BACKGROUND TO SERVICE PROVISION

2.1 Policy Aim

2.2 Current Service Profile

2.3 Key Drivers for Change

2.4 Future Proposed Model

2 Background to service provision

2.1 Policy aim

The rationale for this review of ENT service provision is to optimise adult ENT inpatient and day case services to ensure improved quality of service which maximises outcomes for patients and reduces inefficiencies.

The Trust believes this would be achieved by providing these services at one location on the Royal Hospitals site, thereby reducing duplication and fragmentation of services allowing the concentration of a specialised team of staff providing a more responsive higher quality service.

This proposed service provision would ensure the development of a seamless patient pathway¹ improving patient experience. Providing adult ENT inpatient and day case services on one site would provide value for money by maximising resources and ensuring an effective and efficient service for all patients.

Principles

Outlined are the general principles by which the Trust is guided in its approach to the strategic review of ENT services:

- To provide safe, high quality, effective care – this is the core objective of the Belfast Trust.
- Localise where possible, centralise where necessary – Services are more easily accessed by people when they are delivered locally, while specialist services benefit from the concentration of expertise and experience required to deliver the highest possible levels of clinical care. The Trust therefore aims to provide its services locally where the standard of service can be assured and centralise its services where it will raise the quality of provision.
- Provide clear directions to services, developing clear pathways to access appropriate ENT care.

¹ A patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of treatment.

- To reduce unnecessary duplication and fragmentation of services.
- Maximise utilisation of assets – There is a clear need to make best use of all existing health and social care infrastructure across the Trust and keep the need for new buildings to a minimum while also addressing risk issues, such as those attached to ageing buildings.

2.2 Current Service Profile

The Ear, Nose, and Throat (ENT) service provides both local and regional services for the assessment, diagnosis and treatment of diseases, injuries, or deformations of the ears, nose, throat, head and neck area including facial plastics and some cosmetic surgery.

ENT provides a full range of general ENT services and also provides a number of specialist ENT services including:

- Mastoid surgery – surgery of the temporal bone behind the ear at the base of the skull
- Tympanoplasty – surgical correction or repair of defects or injuries in the eardrum or the bones of the middle ear
- Cochlear implant surgery
- Sinus surgery
- Head and Neck Cancer – diagnostics and surgery.

Patients receive their care in one or more of the following ways:

- As an inpatient: this is someone who is admitted to hospital for a period of treatment or to undergo an operation. Patients stay in hospital for 24 hours or more.
- As a day case: This is someone who is having treatment which can be performed in a single day, without the need to be admitted for an overnight stay in hospital.
- As an outpatient: This is someone who has their care provided by a hospital department on an appointment basis without the need to be admitted to or stay in hospital.

Royal Hospitals

Adult services are delivered from the ENT building on the Royal Hospitals site. The regional head and neck cancer centre is also located with ENT services on the site.

ENT Casualty is also provided at the Royal Hospitals and is not included in the review of inpatient and day case services. This morning service operates Monday to Friday. Patients can access this service either through GP referral or self-referral. This service is not included in the review of inpatient and day case services.

ENT Services at the Belfast City Hospital

Inpatient and day case adult ENT services are currently delivered from the Dufferin Hospital building at the Belfast City Hospital, which offers poor accommodation which cannot provide modern facilities.

The cochlear implant service is currently provided in the same building as ENT on the Belfast City Hospital site. Patients availing of this service have an initial assessment, one operative episode and ongoing rehabilitation. While needing to maintain links with ENT the outpatient element of the cochlear implant service does not need to be based at an acute hospital.

Dufferin currently operates Monday-Friday and closes at the weekend reflecting the trend towards short-stay and day case ENT service provision.

All Trust ENT services are delivered along one of two main routes or patient pathways:

Elective: This is when treatment has been planned and booked in advance, for example a patient who is placed on a waiting list for an operation and then brought into hospital on a prearranged day. Of inpatient ENT services 80% of elective.

Non-elective or emergency: This is when a patient accesses ENT without prior planning, for example, with acute airway obstruction or acute nose bleed, 20% of ENT inpatient attendances are emergency.

Activity Data

ENT services are provided as outpatients, outpatients with procedures, daycases and inpatients. Across the sites activity levels are as follows:

- 83% of all attendances are at outpatient clinics
- 2% of all attendances are at outpatient with procedure clinics
- 5% of all attendances are for day case procedures; and
- 10% of all attendances are for inpatient procedures.

This service review is considering the location of inpatient and day case services, which represent just 15% of all ENT attendances.

Outpatient clinic and outpatient with procedure clinics will continue to be provided at the Belfast City and Royal Hospitals and further developed at Wellbeing and Treatment Centres.

The duplication of activity across the hospitals is illustrated in the following graphs:

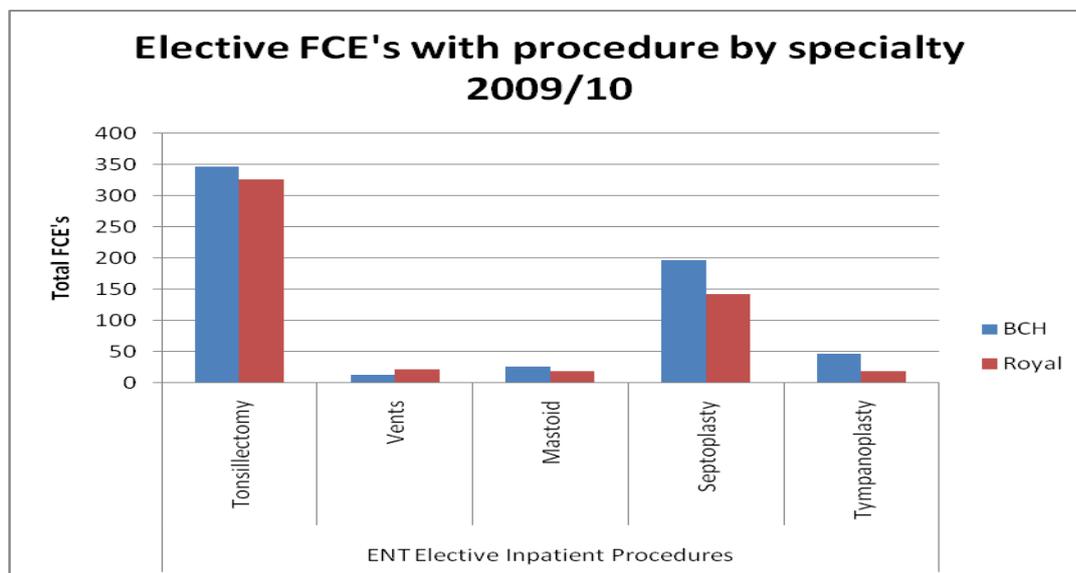


Figure 1: ENT elective inpatient Finished Consultant Episodes (FCE's) by Procedure 2009/10

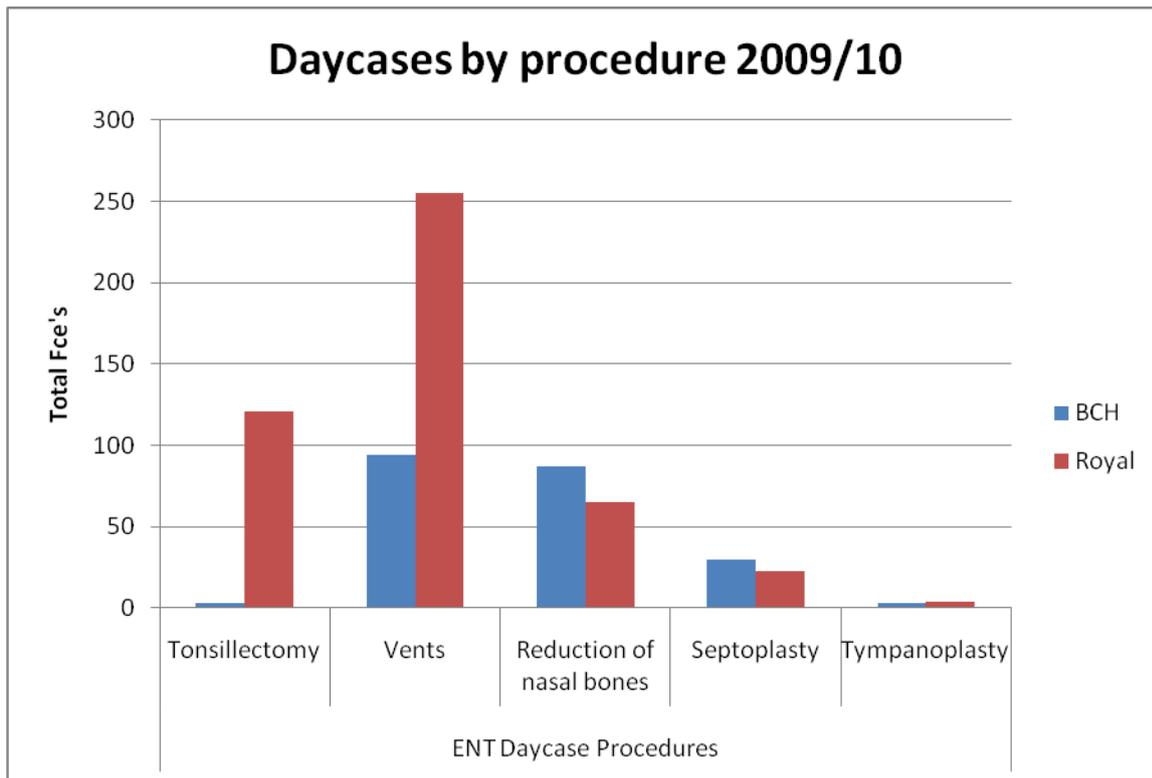


Figure 2: Daycase by procedure 2009/10

Outpatient clinic and outpatient with procedure clinics will continue to be provided at the Belfast City and Royal Hospitals and further developed at Wellbeing and Treatment Centres.

Current ENT Staffing Profile

ENT inpatient and day case services on each site are delivered by a range of staff groups who make up a multidisciplinary team; including medical, nursing, allied health professional and technical staff. The multidisciplinary team is also supported by administrative and managerial staff.

ENT Expenditure

- The average annual expenditure based upon 2008-2009 figures for goods and services is approximately £1.92M
- Average annual expenditure on salaries and wages in 2009/10 was £6.89M.

2.3 Key Drivers for Change

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the high quality ENT service delivered in each of its acute hospitals, ensuring that patients consistently get to the right person, in the right place, at the right time.

New Directions – A conversation on the future delivery of health and social care services in Belfast

The Trust began a conversation on the future delivery of health and social care services in Belfast in 2008 in New Directions. In this document the Trust explained the way we want to do things in the future for the benefit of service users. In looking at how we might best provide acute hospital services, of which ENT is one specialty, we outlined a number of key principles, such as:

- To localise services where possible and centralise services only where necessary
- To develop protected elective services
- To reduce unnecessary duplication and fragmentation of services.

As a result of New Directions it is considered timely and appropriate to assess the most appropriate way in which ENT services can be provided in order to maximise all resources and modernise service delivery in order that patients receive a person-centred, seamless and equitable service.

Improved Clinical Linkages

There are a number of key linkages that are required within ENT services to ensure that a high quality service is provided for patients:

There are a number of key linkages that are required within ENT services to ensure that a high quality service is provided for patients:

The head and neck cancer service need to have access to Intensive Care Unit (ICU) or High Dependency Unit (HDU) beds as well as inpatient beds and theatres. In addition, access is required to the support services, for example audiology. There is also a need for

patients using this service to have access to physiotherapy and speech and language therapy. A key linkage within this element of the service is the provision of an oncology pathway.

Other key linkages or support services for inpatient services include, audiology services, imaging, laboratories, pharmacy and medical records. All of these services do not necessarily need to be co-located with the inpatient service but they need to be provided as required on the patient pathway. At times there will also be links with neuro-surgery and dental professionals.

Pre-assessment clinics are a key element within the service to ensure that inpatient and day surgery lists operate as planned and to maximise both patient admission on day of surgery and patients being treated as day cases. These pre-assessment clinics do not need to be located on the same site as the inpatient service.

Address Current Duplication and Service Efficiency

The ENT specialty is currently fragmented having developed across two sites within Belfast.

Locating inpatient and day case services together will enable the ENT service to maximise outcomes and resources and reduce inefficiencies by removal of duplication of services, equipment and overhead costs.

Driving Forward Service Modernisation

Modernisation of ENT services has been underway for a number of years, for example, 80% of ENT patients are admitted on day of surgery and 100% of patients attending Belfast City Hospital and 80% of patients attending the Royal are being pre-assessed (pre-surgery review of patient fitness for surgery).

In order to continue modernising, the ENT service has had to review service delivery. Measures put in place include:

- Continuing to decrease length of stay. In 2008/09 the average length of stay in ENT was 1.85 days. In 2009/10 the average length of stay decreased to 1.6 days. It is anticipated that this will reduce further as additional support processes are put in place.

- Increasing the number of procedures that take place as day procedures, for example, 0.2% of tonsillectomies are currently carried out as day cases on the BCH site. This is planned to increase to 40% by December 2010; and
- Increasing the number of patients admitted on the day of surgery on the Royal site. This is planned to increase from 63.6% to at least 75% by September 2010.
- Further improvements will be made in ENT theatre utilisation.

The modernisation agenda can be more fully realised within ENT if all inpatient and day case activity is located on one site.

In addition, this would facilitate the centralisation of referrals and streamline administration and clerical processes, resulting in more efficient working practices for the ENT service.

Improved Service Quality

The priority of the Trust is to deliver safe, effective and sustainable services into the future. The ability to improve service quality in ENT will be enhanced by providing services from one location which would facilitate the development of skills and expertise of nursing teams who currently operate on two sites.

Clinical teams across the range of split-site specialities believe there are potentially significant benefits in bringing specialties together in the same hospital to form dedicated specialist units, for example, ensuring the sustainability of smaller specialist services, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working, access and quality of service to the patient.

Delivery on the Working Time Directive (WTD)

There is currently one junior doctor rota, for out of hours cover across the Royal Hospitals, Belfast City Hospital and Ulster Hospital. A reconfiguration of ENT service will facilitate the reduction of junior doctor hours and aid compliance with WTD.

2.4 Future Proposed Model

The formation of the Belfast Health and Social Care Trust provides the opportunity to build on the high quality ENT service delivered on each of the hospital sites, ensuring that patients consistently get to the right person, in the right place at the right time. This opportunity allows the Trust to address fragmentation and duplication and develop an ENT centre of Excellence on one site for inpatient and day case patients.

The model favoured by the Trust is that adult ENT inpatient and day case services will be provided from one location at the Royal Hospital site from the ENT building. The inpatient part of the cochlear service would also be provided at the Royal Hospitals with the outpatient part being provided in a more locally accessible location.

Outpatient services would continue to be delivered locally within the Belfast City Hospital, The Royal Hospitals and Wellbeing and Treatment centres.

This proposal for a one site option for ENT inpatient and day case services would bring together expertise to develop a specialist centre and clinical linkages and would be more cost and resource efficient in terms of economies of scale and reduction of duplication.

Table 1: Proposed Model for Adult ENT Inpatient and Day case Services

	Belfast Trust Hospital	Provision of inpatient services	Provision of day case services
Current organisation of ENT Services.	BCH	√	√
	RGH	√	√
Proposed future organisation of ENT Services.	BCH		
	RGH	√	√

SECTION 3

CONSIDERATION OF OPTIONS FOR FUTURE DELIVERY OF ENT SERVICES

- 3.1 Proposed Options
- 3.2 Analysis of Options
- 3.3 Preferred Option

3 Consideration of proposed service change options

A multidisciplinary project team, comprising consultants, midwifery/nursing, AHPs, administrative staff and patient, carer and trade union representatives was established to consider the options for the future delivery location of the service.

A range of options were considered and advantages and disadvantages of each option were identified to enable the team to reach a conclusion on the preferred option. Mindful of Section 75 obligations, it was decided that the preferred option of those considered would then be subject to a full and comprehensive Equality Impact Assessment.

3.1 Proposed Options

Option 1 – Continue with current arrangements providing inpatient and day case services at Royal Hospitals and Belfast City Hospital.

Option 2 – Deliver all inpatient and day case services on the Royal Hospitals.

Option 3 – Deliver all inpatient and day case services on Belfast City Hospital.

The key features of the analysis that was undertaken are as follows:

3.2 Analysis of Options

Option 1 – Continue with current arrangements providing inpatient and day case services at Royal Hospitals and Belfast City Hospital

ENT inpatient and day case services would continue to be provided on both the Royal Hospitals and BCH.

Advantages

- Care and treatment currently provided on each site are of good quality
- This option would mean no disruption for users, carers or staff

- Good availability of public transport links across the two sites – road, bus and rail.

Disadvantages

- The service at BCH is currently provided from Dufferin. This building is in a poor state of repair and would require substantial investment for it to meet current required building standards
- The service currently based on two sites is fragmented and has resulted in duplication of expertise, staff and equipment
- A two site option is not in line with the Trust strategic direction to reduce fragmentation of services.

Option 2 –Deliver all inpatient and daycase services at the Royal Hospitals

All ENT inpatient and day case services would be provided from the Royal site. The inpatient part of the cochlear service would also be provided at the Royal Hospitals with the outpatient part being provided in a more locally accessible location.

Advantages

- This option would bring together the expertise from both teams onto one site to develop a specialist centre for ENT
- Locating ENT on the Royal Hospitals site will further develop the clinical linkages with head and neck cancer services
- Delivering services from one acute hospital is more cost effective and resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment
- There is sufficient capacity in terms of inpatient and day case theatres to locate services on the Royal Hospitals
- Good availability of public transport links – road and bus

- Patients will only attend the acute site when an inpatient stay or day case procedure is required and outpatient services will be located more locally
- Patients attending for cochlear implant services will also only need to attend the acute site for their inpatient visit and other services will be provided locally.

Disadvantages

- The outpatient element of the Cochlear Implant service will be provided in a separate location which will mean that some staff may be required to go to the inpatient location to carry out some investigations.

Option 3 –Deliver all inpatient and day case services at the BCH ENT inpatient and day case services would be provided at the BCH.

Advantages

- This option would bring together the expertise from both teams onto one site to develop a specialist centre for ENT
- A one site option for service delivery is more cost and resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment

Disadvantages

- Locating ENT on BCH would result in the fragmentation of the head and neck cancer service being isolated from the rest of the service as it is delivered from the Royal Hospitals
- There is insufficient inpatient theatre capacity to provide inpatient services from BCH
- Lack of space within BCH tower to provide the required number of beds.

3.3 Preferred Option

The ENT multidisciplinary team recommended that a single site location for inpatient and day case ENT services at the Royal will best meet the future modernisation and reform of ENT services.

Outpatient services are not affected by this review and will continue to be provided locally, including the use of the well-being and treatment centres.

What will this mean for patients, staff and each hospital?

The model favoured by the Trust is that adult inpatient and day case services will be provided from one location at the Royal Hospitals. Outpatient services will continue to be provided from their current locations.

The delivery of inpatient and day case ENT services on one site will enable the development of a seamless patient pathway improving the patient experience for all patients. This will include:

- Patients being pre-assessed and pre-admitted reducing their need to attend hospital unnecessarily
- Increasing the number of procedures that can be undertaken as day cases and outpatients with procedures. This will also reduce the need for unnecessary admission to an inpatient ward
- Streamlined discharge procedures ensuring all aspects of a patient discharge are in place, for example, medication, to ensure that patients can leave hospital as soon as they are deemed medically fit.

What does this mean for patients?

The development of a single, adult inpatient and day case ENT service for Belfast will enable a more focused approach for patients, resulting in a more responsive, higher quality service than is currently possible with the service spread over two hospital sites.

Reducing duplication will ensure that patients are seen by the right staff in the right place resulting in a more streamlined patient pathway. This

will also provide equity of service provision for everyone accessing ENT services.

What does this mean for staff?

The development of a dedicated unit will bring together all ENT specialists enabling the formation of highly skilled, specialist teams of surgeons, anaesthetists, nurses and Allied Health Professionals and resulting in a higher, more consistent standard of care for patients.

Delivering the service from one location will develop team working further.

Training opportunities and personal development for medical and nursing staff will be enhanced as staff will have the opportunity to assess and treat the full range of ENT conditions that will be provided in one location.

Clinical support will be developed as there will be easy access to colleagues with expertise in all areas in one location.

What does this mean for each hospital?

The Royal Hospitals will be the centre from which all inpatient and day case ENT services will be provided.

Outpatient services will continue to be provided from Royal, BCH and Mater Hospitals.

SECTION 4

CONSIDERATION OF AVAILABLE DATA AND RESEARCH

- 4.1 Strategic Data Sources
- 4.2 Local Data Sources
- 4.3 Additional Data Sources
- 4.4 Population Profile: B.H.S.C.T.
- 4.5 Staff Profile: B.H.S.C.T.

4 Consideration of available data and research - qualitative and quantitative

In keeping with the Equality Commission (NI) Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data was drawn from a number of sources. The following information sources were used to inform this EQIA.

4.1 Strategic Data Sources

- Regional Strategy ‘A Healthier Future (2005–2025)’
- DHSSPS - Equality, Good Relations and Human Rights Strategy and Action Plan
- DHSSPS Priorities for Action 2009-10-2010/11
- Investing for Health Strategy 2002
- Developing Better Services (DBS)
- Northern Ireland Health and Personal Social Services Workforce Census 2006;
- Specific data collected by Information and Analysis Directorate in DHSSPS
- 2001 Census of Population (Northern Ireland).

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 and Social Care Services for Belfast. (This document is subject to change as part of an on-going consultation process)
- The Belfast HSC Trust Delivery Plan
- The Belfast HSC Trust Corporate Plan

- The Belfast HSC Trust Health and Wellbeing Investment Plan (HWIP)
- Good Practice Guide on Consultation and Communication in relation to Strategic Reform and Modernisation Programme – Belfast HSC Trust
- Excellence and Choice - Right Treatment, Right Place
- Excellence and Choice in Adult and Day Case ENT Services.

4.3 Additional Data Sources

- Equality and Inequalities in Health and Social Care in Northern Ireland
- Northern Ireland Census
- Indicators of Equality and Diversity in Northern Ireland
- Statement on Key Inequalities in Northern Ireland
- Equal Opportunities Monitoring System
- Northern Ireland Regional Interpreting Service.

4.4 Population Profile: Belfast Health and Social Care Trust Area

Table 2: Population Data for Northern Ireland

Section 75 Group	Northern Ireland Population	
Gender	<u>Male</u>	49.0%
	Female	51.0
Age	0 to 9	13.09%
	10 to 19	14.33%
	20 to 29	14.14%
	30 to 39	13.80%
	40 to 49	14.27%
	50 to 59	11.42%
	60 to 69	9.17%
	70 to 79	6.23%
	80 and Over	3.65%
Religion	Roman Catholic	40.26%
	Protestant	45.57%
	Other Religion	0.30%
	No Religion or None Stated	13.88%
Political Opinion (Based on seats in the NI Assembly October 2008)	DUP	36 seats
	UUP	18 seats
	Alliance	7 seats
	SDLP	16 seats
	Sinn Fein	27 seats
	PUP	1 seats
	Green	1 seat
	Independent	1 seat
	Ind Health Coalition	1 seat

Table 2 cont'd: Population Data for Northern Ireland

Section 75 Group	Northern Ireland Population	
Marital Status (based on over 16s)	Single (never married)	33.1%
	Married	48.45%
	Re-married	2.67%
	Separated	3.84%
	Divorced	4.12%
	Widowed	7.81%
Dependent Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children	36.47%
	No Dependent Children	63.53%
Disability (based on households with one or more person with a limiting long-term illness)	Disabled	41.21%
	Not Disabled	58.69%
Ethnic Group	White	99.15%
	Irish Traveller	0.10%
	Mixed	0.20%
	Indian	0.09%
	Pakistani	0.04%
	Bangladeshi	0.01%
	Other Asian	0.01%
	Black Caribbean	0.02%
	Black African	0.03%
	Other Black	0.02%
	Chinese	0.25%
	Other Ethnic Group	0.08%
Sexual Orientation	Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)	

Source: Northern Ireland Census 2001 Key statistics (except Age. NISRA 2007 Mid-Year Population Estimates)

The Belfast Health and Social Care Trust provide 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 and Castlereagh area population by Section 75 Group

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Gender	Male	47.4%
	Female	52.6%
Age	0 to 9	11.8%
	10 to 19	14.4%
	20 to 29	15.9%
	30 to 39	13.0%
	40 to 49	14.0%
	50 to 59	10.6%
	60 to 69	8.9%
	70 to 79	7.2%
	80 and Over	4.3%
Religion	Roman Catholic	37.4%
	Protestant	44.7%
	Other Religion	0.6%
	No Religion or None stated	17.3%
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)	38.9%
	Married	39.5%
	Re-married	2.4%
	Separated	5.1%
	Divorced	4.8%
	Widowed	9.2%

Table 3 cont'd: Belfast & Castlereagh Area Population by Section 75 Group

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Dependent Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children	30.4%
	No Dependent Children	69.6%
Disability (based on households with one or more person with a limiting long-term illness)	Disabled	43.6%
	Not Disabled	56.4%

Source: Northern Ireland Census 2001 Key statistics (except Age. NISRA 2007 Mid-Year Population Estimates)

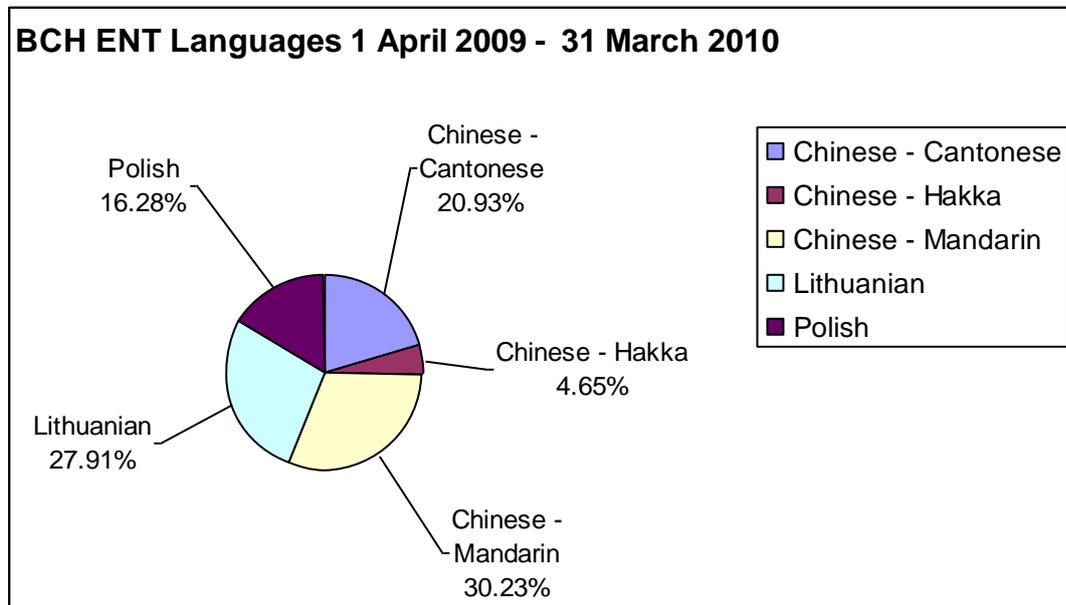
The Trust recognises that the census figures do not provide a truly accurate and up-to-date reflection of the Northern Ireland population, given that it was conducted in 2001. There have been significant demographic changes since then and the Trust does not rely solely on these census figures but rather looks to complement the statistics with other relevant quantitative and qualitative information sources, including monitoring statistics of service users.

Ethnicity

Ethnicity of patients is not routinely gathered, but using requests for Northern Ireland Health and Social Services Interpreting Services gives an indication of the language needs of foreign nationals and ethnic minorities.

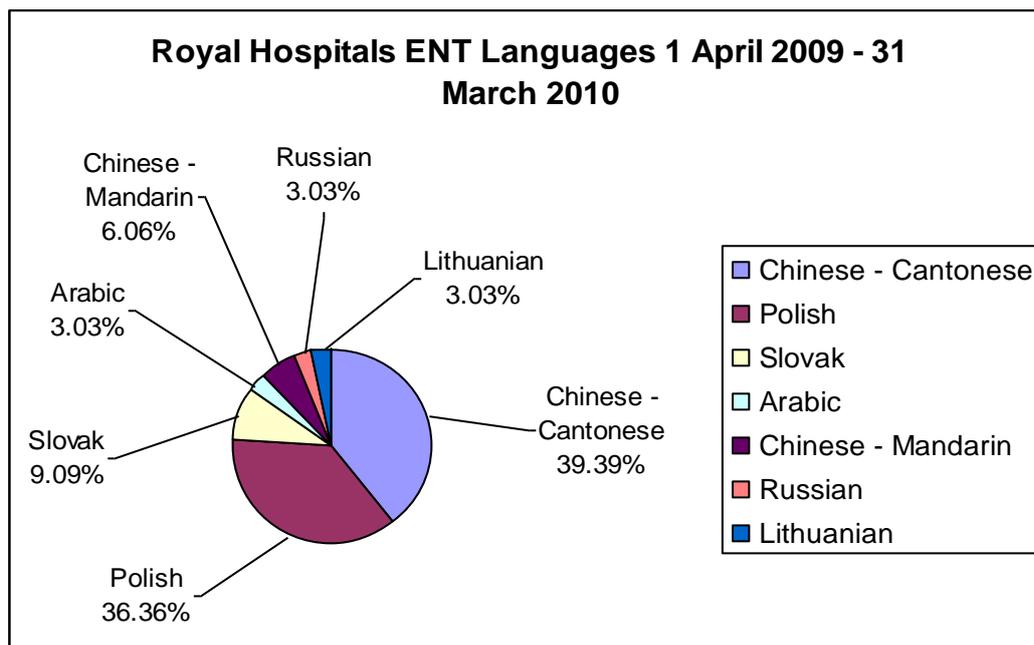
NI Health and Social Care Interpreting Service ENT Statistics 1 April 2009 – 31 March 2010

Figure 3: BCH ENT Languages 1 April 2009 – 31 March 2010

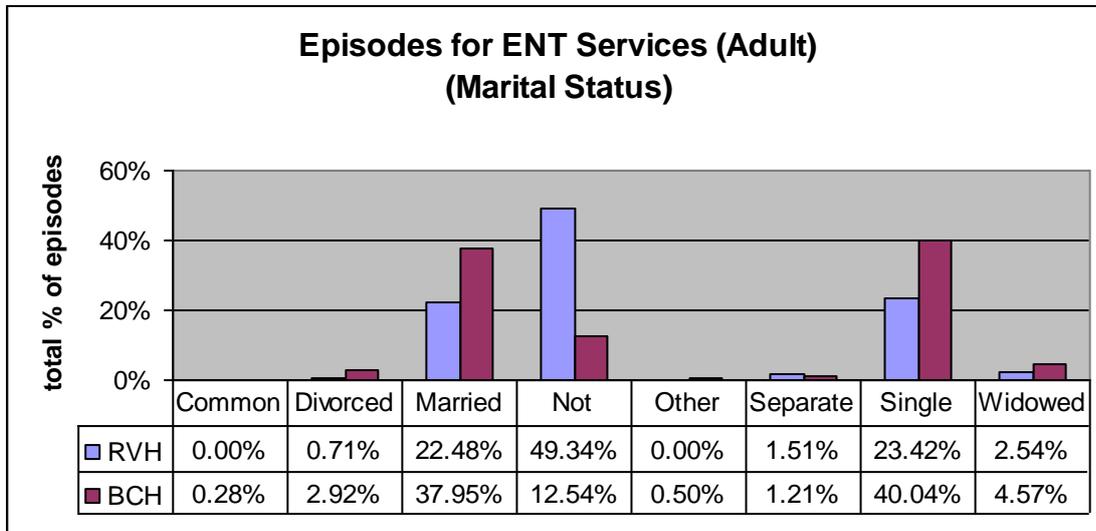


NI Health and Social Care Interpreting Service ENT Statistics 1 April 2009 – 31 March 2010

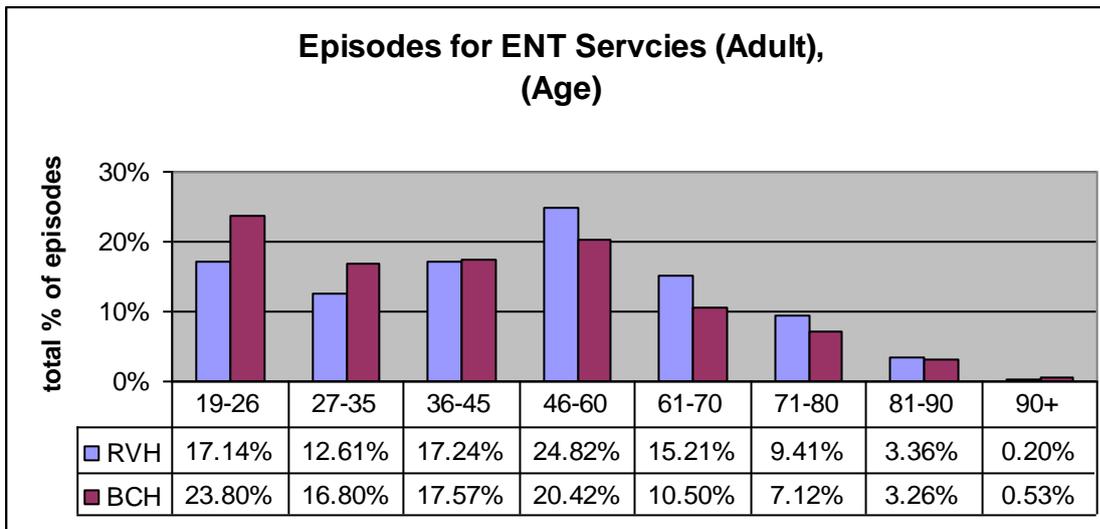
Figure 4: Royal Hospitals ENT Languages 1 April 2009 – 31 March 2010



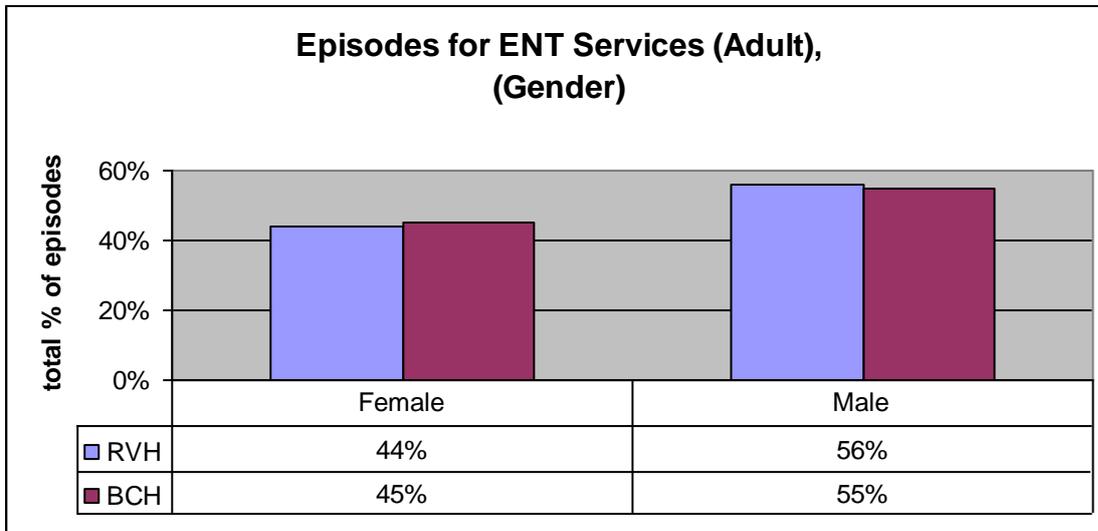
**Figure 5 - Service User Profile:
Adult Patients by Marital Status**



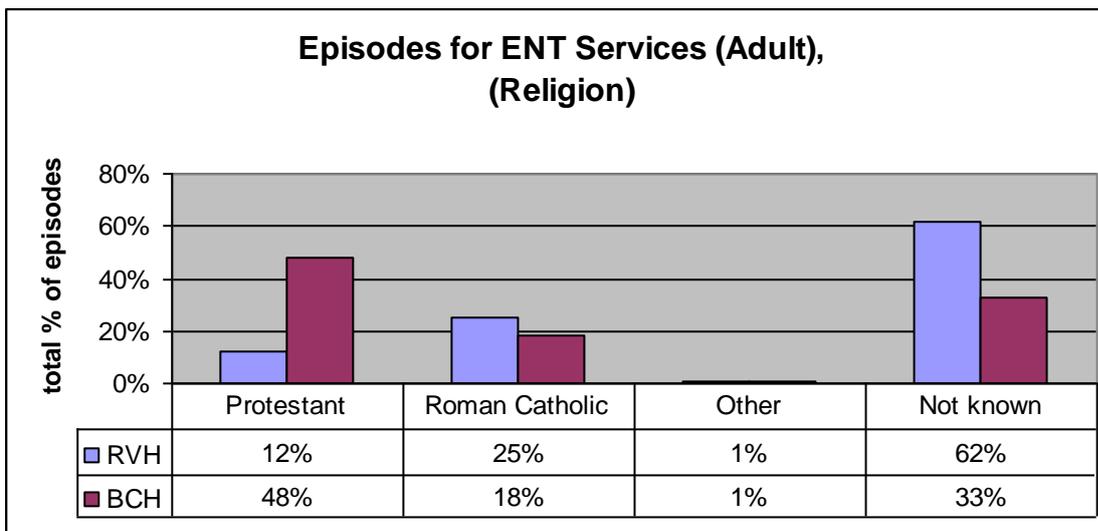
**Figure 6 - Service User Profile:
Adult Patients by Age**



**Figure 7 – Service User Profile:
Adult Patients by Gender**



**Figure 8 – Service User Profile:
Adult Patients by Religion**



4.5 Belfast Health and Social Care Trust: Staff profile

A key objective of the Trust's Employment Equality and Diversity Plan is to further develop and expand its current monitoring arrangements. Following regional discussion with Trust Equality Managers, the Equality Commission for NI and Trade Union Side, a revised monitoring form has been developed to capture information relating to all nine equality categories. The Trust has completed a resurvey of its existing workforce and is also using this form for all new job applicants, thus enhancing and updating its database. However the information detailed below is based on the current monitoring information held by the Belfast Health and Social Care Trust, as the database is in the process of being updated.

The Trust's Human Resources Management System lists a total of 98 people, employed in the service under review – 40 based at the Belfast City Hospital Site and 58 based at the Royal Group of Hospitals Site. This represents a Whole Time Equivalent of 78.37 posts. This includes Administrative (19 staff), Nursing (57 staff), Medical (14 staff), Allied Health and Professionals and Technical (8 Staff.)

There is also a number Support Staff primarily in Domestic Services and Portering who provide a service to these areas and to other areas.

The profile of staff directly involved in providing the service is compared below with the profile of all Trust staff to identify any potential adverse impacts on particular groups.

Table 4:

Belfast Health and Social Care Trust: Staff profile by Section 75 Group (Jan 2010 figures)

Category	Grouping	BCH	RGH	Both Sites	Belfast Trust
Gender	Male	5%	19%	13%	21%
	Female	95%	81%	87%	79%
Age	16-24	0%	9%	5%	7%
	25-34	20%	16%	17%	26%
	35-44	35%	28%	31%	28%
	45-54	40%	29%	34%	27%
	55-64	5%	18%	13%	11%
	65+	0%	0%	0%	1%
Religion	Protestant	72%	42%	54%	45%
	Roman Catholic	28%	53%	43%	48%
	Unknown/Other	0%	5%	3%	7%
Marital status	Married	82%	64%	71%	55%
	Single	18%	29%	25%	39%
	Other	0%	7%	4%	6%
Disability	Disabled	0%	2%	1%	2%
	Not disabled	58%	81%	71%	60%
	Unknown	42%	17%	28%	38%
Ethnic origin	White	90%	84%	87%	72%
	Other	8%	5%	6%	4%
	Unknown	2%	11%	7%	24%
Political Opinion	Currently being collected				
Sexual Orientation	Currently being collected. Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)				
Dependent Status	Currently being collected				

Gender

Figure 9 shows the breakdown of staff by gender.

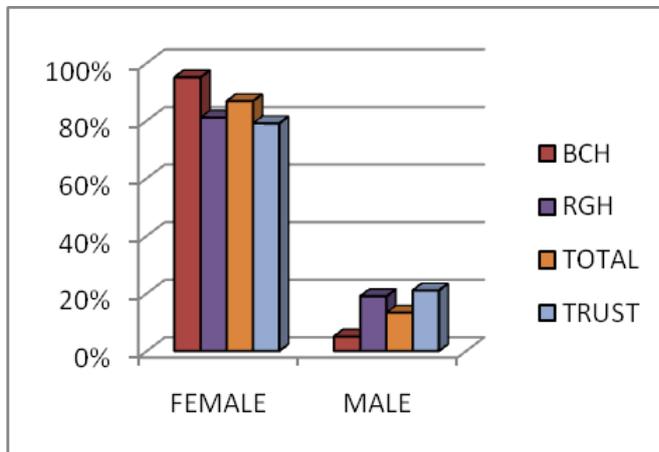


Figure 9: Staff by gender

There is a higher proportion of female than male staff on each hospital site. (95% City, 81% Royal and 87% for both areas). This is higher than the Trust as a whole, (79% Female and 21% Male).

Age

Figure 10 shows staff by age band.

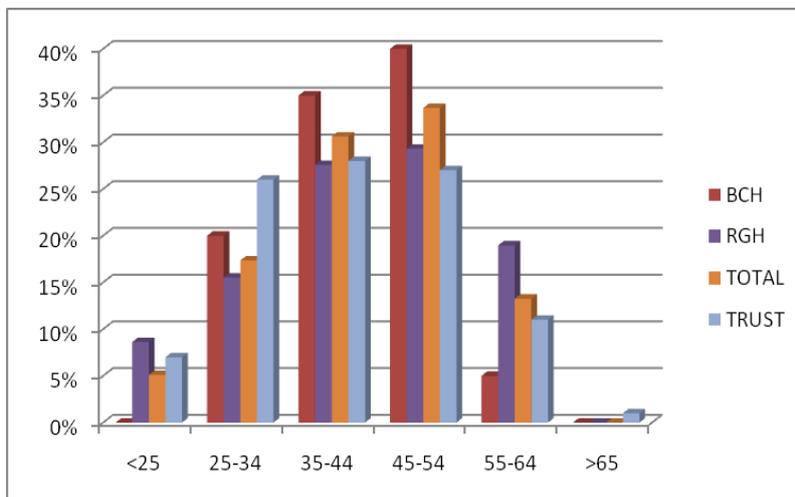


Figure 10: Staff by age band

In the City Hospital 55% are under 45 and 45% over 45. In the Royal 53% are under 45 and 47% over 45. For both locations 53% are under 45 and 47% 45 and over. In the Trust as a whole 61% of staff are under 45 and 29% 45 and over.

Religion

Figure 11 shows the community background of staff.

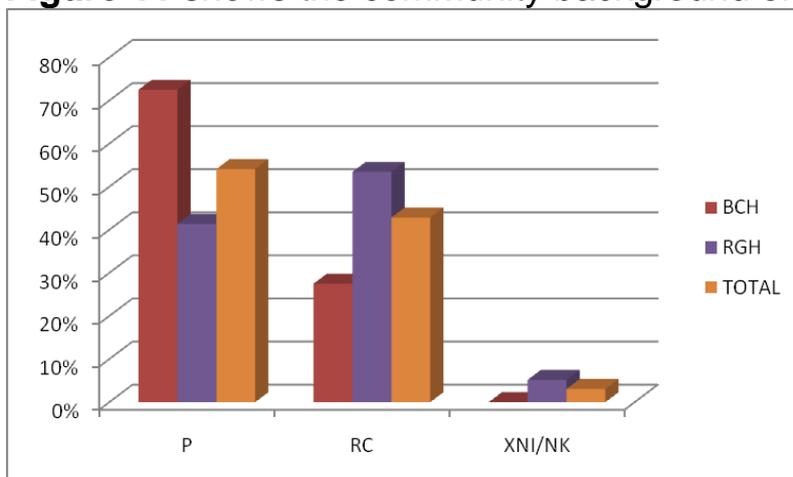


Figure 11: Staff by community background

Overall on both sites, there are 54% Protestants (72% City and 42% Royal), 43% Roman Catholics (28% City, 53% Royal) and 3% Other or Unknown (0% City and 5% Royal). In the Trust as a whole 45% are Protestant 48% are Roman Catholic, and 7% Other or Unknown.

Marital/Civil Partnership Status

Figure 12 shows the marital status of staff.

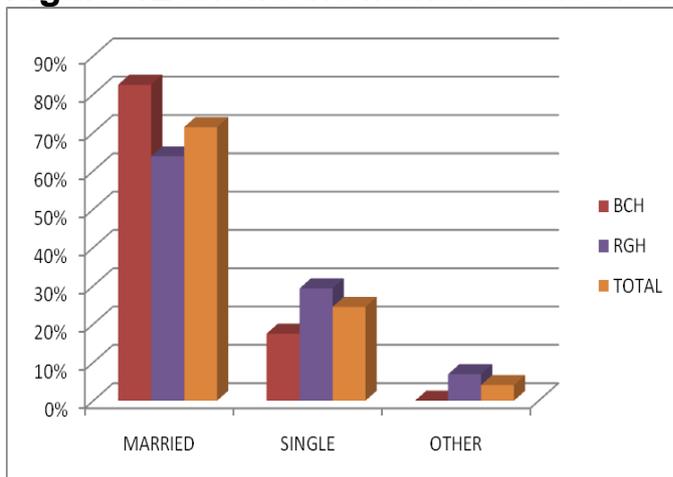


Figure 12: Staff by marital status

Overall on both sites, 71% are Married (82% City, 64% Royal), 25% Single (18% City, 29% Royal) and 4% Other or Unknown (0% at the City and 7% Royal). In the Trust, 55% of staff are recorded as married, 39% as single and 6% other or unknown.

Disability

1% of staff have stated that they have a disability compared to the Trust figure of 2%.

Ethnic Origin

Figure 13 shows the ethnic origin of staff

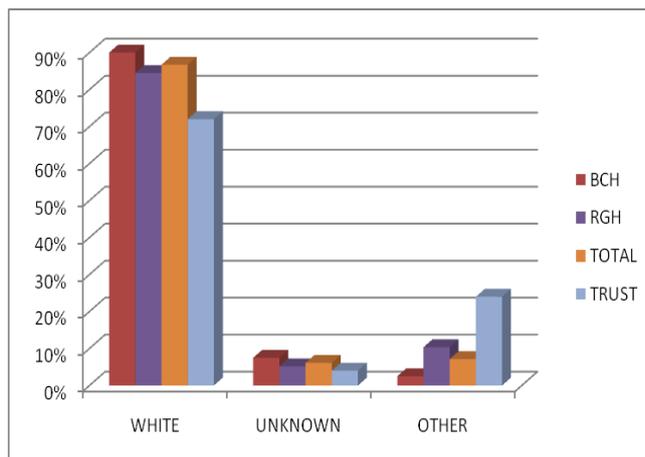


Figure 13: Staff by ethnic group

On both sites ethnic origin is not recorded for 6% of staff (8% City, 5% Royal), 87% are recorded as being White (90% City, 84% Royal) and 7% Other Races (2% City, 11% Royal). In the Trust as a whole 72% stated that they were White, 4% Other Races and 24% provided no information.

Political Opinion

The Trust is currently collecting details of the political opinion of its staff.

Sexual Orientation

The Trust is currently collecting information on the sexual orientation of its staff. It is considered reasonable to assume that up to 10% of the population is lesbian, gay, bisexual or transgender.

Dependent Status

The Trust is currently collecting details of staff members' dependents.

SECTION 5

ASSESSMENT OF IMPACTS

- 5.1 Scope of the EQIA
- 5.2 Equality Screening Outcomes
- 5.3 Assessment of impact on Section 75 Groups – Adult Patients
- 5.4 Assessment of impact on Section 75 Groups - Staff

5 Assessment of impacts

5.1 Scope of the EQIA

The scope of this Equality Impact Assessment is to consider the equality and human rights implications of the proposed preferred option to locate adult ENT inpatient and day case services at one site at the Royal Hospitals.

5.2 Equality Screening Outcomes

In accordance with the statutory requirements under Section 75 of the Northern Ireland Act 1998, an equality screening exercise was conducted on the proposal to reorganise adult inpatient and day case ENT services. The proposal was screened in – meaning that it should undergo a full Equality Impact Assessment.

5.3 Assessment of impact on Section 75 Groups – Adult Patients

Gender

Over all, between both the Royal Hospitals and Belfast City Hospital there are a higher number of males among ENT patients (56.3%) compared with female patients (43.6%). This is in contrast to the general population where there is 47.4 % male and 52.6% female. At the Royal Hospitals specifically there are 44% female and 56% male and at Belfast City Hospital there are 45% female and 55% male. This does suggest a differential impact on males, however, based on the information gathered to date, it does not suggest there would be an adverse impact in relation to gender.

Age

Assessment of statistics on age reveal similar findings for both hospitals. The majority of patients (45.24%), for both hospitals that may be affected by this proposal are in the 46-60, age group and to a lesser extent the 19-26 age group (40%). For the 36-45 age group there are 34.81% and in the 27-35 age group 29.41%. Of the remaining patients in the 61-70 group there is 25.71%, in the 71-80 age group 16.53%, the 81-90 age group, 6.62% and 90 plus 0.73%. The majority of patients are in the 46-60 age group, which would, therefore indicate a differential impact on this group. Based on the current available information, there

is no evidence that would indicate the impact would be adverse due to age.

Religion

Overall the religious makeup of ENT patients for both hospitals is 30% Protestant, 21% Roman Catholic, which is reflective of the Northern Ireland baseline statistics on religion. At Belfast City Hospital 48% are Protestant, 12% are Roman Catholic, 33% not known and 1% other. At the Royal Hospitals 12% are Protestant, 25% Roman Catholic, 62% not known and 1% other.

Assessment of impact shows there is a higher proportion of Protestants that attend Belfast City Hospital and a higher proportion of Roman Catholics that attend the Royal Hospitals. This may reflect the geographical location of the hospitals. As the proposal is to locate all inpatient and day case ENT adult services at the Royal Hospitals site, there may be a differential impact for patients from the Protestant religion.

At both hospitals, however, there are a high number of patients whose religion is stated as 'not known' this may be due to patients choosing not to state their religious status or a reluctance to ask for it. Given the census population statistics for Northern Ireland it may be reasonable to assume that the majority of those whose religion is 'unknown' are from either a Roman Catholic or Protestant background.

Political Opinion

The Trust does not currently collect information on patients' political opinion. There has historically been a potential correlation between religion and political opinion in Northern Ireland. (See Population Profile: Belfast Health and Social Care Trust -Table 1: Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion)

Marital status

The overall proportion of ENT patients that are married is 30.2%, with 31.73% single, which is in line with the regional and local baseline population statistics. At the Royal Hospitals specifically, 22.48% are married, 23.42% single, 2.54% widowed, 1.51% separated, 0.71 divorced and 49.34% whose marital status is stated as 'not known'. At Belfast City Hospital 37.95% are married, 40% single, 4.57 widowed,

2.92%, divorced, 1.21 separated, 0.28% stated as 'common-law and 12.54% not known.

Assessment of statistics reveal that overall, the number of patients that are married is 30.2%. This would indicate there would therefore be a differential impact on patients who are married. While the proposal entails ENT inpatient and day case services being located at one site at the Royal Hospitals, the rationale for the proposal is to improve the delivery of services. There is a short distance (1.5 miles) between the two sites, however, based on available evidence to date there is no current evidence to suggest that the distance between the two sites would have an adverse impact. There are a number of patients (49.34%) at the Royal Hospitals whose marital status is recorded as not known.

Dependent Status

The Trust does not currently collect this information, however, given that the majority of patients are in the 46-60 age group, it may be assumed that patients may have dependents and a number may be dependents with carers. The Trust will, through its Equality Impact Assessment consultation process, strive to obtain additional information on this category to further aid assessment of impact.

Disability

Patients disability status is currently not recorded by the BHSCT. According to Disability Action (Northern Ireland), 1 in 5 people or 20% of the population have a disability. Trust statistics do show that overall, the majority of patients that attend ENT services are in the 46-60 age group. Northern Ireland 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). This would indicate that there may be a considerable number of ENT patients with a long term limiting illness which may be defined as a disability. The definition of a disability is stipulated in the Disability Discrimination Act 1995 (“Physical Illness which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities”.)

While there may be a differential impact on this group, there is no available substantiation that the impact would be adverse. There is a short distance between the Royal Hospitals and Belfast City Hospital, however both hospitals are centrally located and supported by a range of public and private transport facilities.

Through the Equality Impact Assessment consultation process the Trust will engage with representative groups to assist further assessment of impact.

Ethnic Group

Patients' ethnic group status, is not currently recorded. NISRA 2001 census statistics indicate that approximately 1% of the population is from a minority ethnic group. However, given the increase in the number of people coming to live and work in Northern Ireland over the last five years, it could be assumed that the figures are higher than the 2001 census statistics.

Trust interpreting statistics do give some indication of the proportion of ENT patients who do not speak English proficiently. Interpreting statistics show that between 1st April 2009 and 31st March 2010 a total of 76 ethnic patients accessed ENT services, 43 at Belfast City Hospital and 33 at the Royal Hospitals. At Belfast City Hospital the majority of patients (55.81% were Chinese, 27.91% Lithuanian and 16.28% Polish. At the Royal Hospitals 45.45% were Chinese, 36.36% Polish, 9.09% Slovak, 3.03% Lithuanian, 3.03% Russian and 3.03% Arabic. These statistics reveal that there may be a differential impact on Chinese patients.

The Trust will endeavour to seek further information on assessment of impact through the Equality Impact Assessment consultation process.

Sexual Orientation

The Trust does not collect information on the sexual orientation of its users. Research indicates that 10% of the population is gay, lesbian or bisexual. (Source: Rainbow Project July 2008). The Trust will seek to obtain further information on assessment of impact through the Equality Impact Assessment consultation process.

5.4 Assessment of impact on Section 75 Groups – Staff

The assessment below is based on a total of 98 staff at 2 locations (40 at the City Hospital and 58 at the Royal) This means that in analysis of specific locations each staff member equates to around 2% of the total.

Gender

The workforce on both sites is predominately female (87%). On the City site 95% are female and at the Royal 81%. This is higher than the Trust workforce as a whole, where the female to male ratio is 79%: 21%. The higher proportion of women may be related to the fact that most of the staff are in nursing and administrative grades where the proportion of women is higher throughout the Trust. There may therefore be some potential for adverse impact on women.

Age

In the Trust as a whole 61% of staff are under 45 and 39% are 45 and over. At both locations 53% are under 45 and 47% are 45 and over. There is no significant difference between the 2 sites. In the City 55% of staff are under 45 and 45% over 45. In the Royal 53% are under 45 and 27% over 45. The proposal will not have an adverse impact on any particular age group.

Religion

The staff profile for the Trust is 45% Protestant, 48% Roman Catholic, and 7% Other/Not Known. Overall, on both sites there are 54% Protestants (72% City and 42% Royal), 43% Roman Catholics (28% City and 53% Royal) and 3% Other or Unknown (0% City and 5% Royal). There is variation in the religious profile of staff with a higher proportion of Protestants based at the City and a higher proportion of Roman Catholics at the Royal.

Marital/Civil Partnership Status

In the Trust 55% of staff are married 39% Single and 6% Other or Unknown. In the area under review a high proportion of staff on both sites are Married - 71% (82% City and 64% Royal). 25% are recorded as being single (18% City and 29% Royal), with the remaining 4% falling into the other category (0% City and 7% Royal). There may therefore be some potential for adverse impact on married staff.

Disability

The proportion of staff in the Trust stating that they have a disability is 2%. In the area under review there is one person (based at the Royal)

who has stated that they have a disability. It is therefore unlikely that the proposal will impact adversely on people with disabilities.

Ethnic Origin

In the Trust 72% staff stated that they were White, 4% Other Races and 24% have not provided information on their Ethnic Origin. In the area under review 6% of staff have indicated that they are not White (5% based at the Royal and 8% at the City.) The proposal will not impact adversely on staff from any particular ethnic group.

Political Opinion

As stated previously the Trust is currently collecting information on the political opinion of its staff.

Sexual Orientation

As stated previously the Trust is currently collecting information on the sexual orientation of its staff.

Dependent Status

As stated previously the Trust is currently collecting information on the caring responsibilities of staff. 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. Any relocation for female staff is more likely to impact on their caring responsibilities, particularly in respect of the proximity of their work base to their home. There may therefore be some potential for adverse impact as a higher proportion of staff are married women who are more likely to have caring responsibilities.

Travel to Work

The Table below is based on the Postcodes of the staff at each location.

Table 5:

AREA	BCH	RGH	TOTAL
CO ANTRIM	23%	7%	13%
CO DOWN	8%	12%	10%
CO L'DERRY	3%	3%	3%
CRAIGAVON	5%	5%	5%
EAST BELFAST	5%	3%	4%
LISBURN	25%	28%	27%
N'ABBEY	8%	12%	10%
NORTH BELFAST	3%	5%	4%
SOUTH ANTRIM	5%	0%	2%
SOUTH BELFAST	18%	9%	12%
WEST BELFAST	0%	16%	9%
TOTAL	100%	100%	100%

The Post code analysis shows staff involved are already travelling to both sites from throughout Belfast and beyond. The distance between the two sites is around a mile and the Trust already provides a free shuttle bus between the sites. In light of this the Trust believes that there is unlikely to be any adverse impact on staff regarding location.

SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES

- 6.1 Introduction
- 6.2 Service Users
- 6.3 Staff
- 6.4 Mitigation Measures
- 6.5 Conclusion

6 Consideration of measures to mitigate adverse impacts

6.1 Introduction

This section of the Equality Impact Assessment will assess and consider mitigation or alternative policies to address or lessen potential adverse impact. This process involves the consideration of all available information to ascertain impact of the proposal on patients and staff to provide ENT adult inpatient and day case services at a single site at the Royal Hospitals and consider if necessary, the implementation of measures to address possible adverse impact.

The proposal to provide adult inpatient and day case services at the Royal Hospitals is aimed at building on the fine legacy established by the six Trusts' to deliver integrated and seamless person-centred equitable service. The proposal would assist the reduction in duplication and fragmentation of services and resources with savings directed into services for patients.

This option would facilitate the development of a specialised unit, bringing together all surgeons practising the same speciality interest with more access to theatres to form a centre of excellence. This would provide a more responsive 24/7 higher standard of service ensuring equality of opportunity for patients and equality of access to ENT services.

The Trust has produced this Equality Impact Assessment paper on the basis of the information available at present. There has no information to date to suggest that the location of Adult ENT inpatient and day case services at the Royal Hospitals would have a significant adverse impact on any individual or group covered by Section 75.

The Trust will engage directly with representative groups as part of the consultation process to discuss and gather information to inform a comprehensive assessment of impact. The Trust is committed to taking account of all the information and perspectives gleaned throughout the consultation period to assist in the decision making process.

6.2 Service Users

Gender

In both the Royal Hospitals and Belfast City Hospital there are a higher number of males among ENT patients (56.3%) compared with female patients (43.6%). At Belfast City Hospital the proportion of males is 55% and at the Royal Hospitals, the proportion is 56%. At Belfast City Hospital there is 45% female and 44% female at the Royal Hospitals. This indicates a differential impact on male patients attending Belfast City Hospital. However, there is no evidence to date that draws attention to any aspect of the proposal that would have an adverse impact on patients in regard to gender. The proposal is aimed at improving the quality, standard and efficiency of ENT services for patients ensuring equality of opportunity.

The Trust will however, through the Equality Impact Assessment process seek further information to assist assessment of impact. It will continue to monitor uptake of the services post-reorganisation and mitigate if required.

Age

The majority of ENT patients fall within the 46-60 age group. There is no indication, however, that this proposal would have an adverse impact on patients on the grounds of age. The anticipated outcomes of the proposal are that the concentration of surgeons and specialised staff at one location, will increase the level of service provided to patients thereby, benefiting all patients including the majority of patients who are in the 45-60 age group. In the course of the monitoring procedures required under the Equality Impact Assessment process, the Trust will, however, continue to engage with representative groups and monitor age for potential impact and mitigation if necessary.

Religion

Assessment of impact on religious grounds indicates overall, there is a majority of patients from the Protestant and Catholic religions that access ENT services. There is, however, a higher proportion of Protestants patients at the Belfast City Hospital site, with a higher proportion of patients from a Catholic background who attend the Royal Hospitals. This may reflect the geographical proximity of the hospital

sites in relation to each community, however, it does indicate a differential impact on Protestant patients who would attend Belfast City Hospital. There are a high proportion of patients whose religious belief is recorded as not known. This may be due to patients being reluctant to reveal religious status or patients not being asked for their religion status. Taking the regional and local census population statistics on religion into consideration, it may be probable that a high number of patients stated as not known, may be either Protestant or Catholic.

The development of the political and socio-economic progress in Northern Ireland over the last ten years may have assisted the development of a more 'normalised' and stable environment. These factors and the close proximity of the hospital sites facilitates equality of access to Trust services for all patients. Taking these factors into consideration, it may be fair to consider that the proposed site in the preferred option would be accessible to people of all religious beliefs.

The Belfast Trust will continue to engage with public representatives, community and user groups to ensure that both hospitals are accessible to all patients irrespective of religious background.

Political Opinion

The Trust does not currently collect information on patients' political opinion. The Trust will, however, continue to engage with political representatives and organisations to ensure that their views and the perspectives of their constituents are taken on board. The consultation process involved in the Equality Impact Assessment process facilitates all stakeholders to respond to the proposed change in services.

Marital status

Overall the proportion of ENT inpatients that are married or single are in line with the baseline population statistics. At Belfast City Hospital there are a high percentage of patients that are either married or single indicating a possible differential impact on these groups. There is a considerable number of patients (30.94%) whose marital status is stated as not known. Bases on available evidence to date, there is no evidence, to suggest there may be an adverse impact on patients due to marital status. The proposal is aimed at ensuring a more equitable and higher standard of service is provided to all patients.

Dependent Status

The Trust does not currently collect this information. However, given that the majority of patients are in the 46-60 age group, it may be assumed that patients may have dependents and there may be a number who are dependants. Through the Equality Impact Assessment consultation process, the Trust will engage with users, carers and carers' representatives to assess potential adverse impact and implement mitigation if required.

Disability

The Trust does not currently record patients' disability status. Given the nature of the service, it may be probable that a number of patients may have a disability. A number of mitigating measures are in place at the Royal Hospitals to ensure ENT services are accessible to all patients. A Shopmobility scheme is located beside the disabled car parking bays in the public car park. This is a free service to patients and users with limited mobility which provides self propelling wheelchairs and mechanised scooters. The scheme also provides a 'sighted guide' service which provides volunteers to escort patients and users with visual impairment to their destination within the hospitals site. At the Royal Hospitals a volunteer 'meet and greet' service is also provided which offers patients and users the opportunity to be escorted to their destination within the hospital. A shuttle bus service travelling between both the Royal Hospitals and Belfast City Hospital is available.

The Trust will nevertheless engage with relevant representatives, umbrella organisations and other interested parties as part of its public consultation to assess impact and implement mitigating measures where appropriate. The ENT service area will continue to work in partnership with the Trust's Health and Social Inequalities unit and the Community Development and Health Improvement team to address any possible barriers to accessing ENT services.

Ethnic Group

Patients ethnicity is not currently available. NISRA 2001 census statistics indicate that approximately 1% of the population is from a Minority ethnic group. However, given the increase in the number of people coming to live and work in Northern Ireland over the last five years, it could be assumed that the figures are much higher than the 2001 census statistics.

Trust interpreting statistics do give some indication of the proportion of ENT patients who do not speak English proficiently. Interpreting statistics show that between 1st April 2009 and 31st March 2010 a total of 76 ethnic patients accessed ENT services. The majority of patients at both hospitals were Chinese. Other ethnic languages identified included: Lithuanian and Polish at Belfast City Hospital and Polish, Slovak, Russian and Arabic at the Royal Hospitals. These statistics reveal that there may be a differential impact on Chinese patients.

The Trust will continue to ensure that the religious, spiritual and cultural needs of ethnic patients are considered in the provision of all services. The Trust will ensure that the needs of ethnic patients will be considered when communicating changes involved with the proposal for re-organisation of ENT inpatient and day case services. The Belfast Trust will continue to engage and consult with ethnic representative organisations and Community organisations. The ENT service area will continue to work with the Belfast Trust's Health and Social Inequalities unit and the Community Development and Health Improvement team to ensure that Trust services are accessible to all patients from an ethnic background.

Sexual Orientation

Patients sexual orientation is not currently available. Research indicates that 10% of the population is gay, lesbian or bisexual. (Source: Rainbow Project July 2008). The Trust will continue to engage with representative organisations and community organisations to assist assessment of impact and mitigate if required.

Multiple Identity

The Trust recognises that not all patients, users and staff would fit solely into one Section 75 category. Therefore pure statistical information does not capture these multi-faceted complexities- e.g. a patient with a learning disability presenting with Throat problems may also have a physical disability and these may present different needs in terms of service provision or a staff member may have a disability and require flexibility in her employment.

This is why the Belfast Trust will not rely solely on quantitative data but rather engage on a one-to-one basis with the service user, carer and

family and umbrella organisations ensuring that they receive a sensitive and responsive service.

Adult ENT services within the Belfast HSC Trust are committed to monitoring service uptake, service user satisfaction surveys, staff satisfaction surveys, (supervision and regular review meetings for staff). Services for users will be provided on a person-centred, person-led basis and tailored according to the individual's needs.

6.3 Mitigation: Staff

The proposal to reorganise services will impact on those staff currently working in the Royal and City Hospitals. Staff based at the City Hospital may need to move to the Royal in order to deliver the service and to remain within their chosen specialism.

The post code analysis indicates that staff are already travelling from across Belfast and beyond to work. Staff in non-specialist posts are more likely to be able to be redeployed at their current location if this can be facilitated. Staff in some areas may need to be flexible and retrain or relocate to another area, but everything possible will be done to retain them. The measures outlined below, when implemented, are intended to mitigate any significant adverse impact for staff.

- The Trust is committed to improving the productivity and utilisation of all its staff over the next number of years. In so doing, this reorganisation process will be characterised by openness, transparency, involvement, recognition and engagement with our staff and Trade Union Side colleagues.
- The Trust 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, the essentials of public consultation by the Trust and details the staff and equality considerations to be undertaken by Managers.

The general guiding principles which will be applied are:

- The Trust has no plans for compulsory redundancies
- 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.

The Trust in partnership with Trade Union Side will consider how it will minimise any adverse impact on the workforce resulting from the proposed changes. Change and the management of change will be taken forward through partnership approaches and consultation and negotiation with Trade Unions.

It should be noted that at the time of issuing this consultation document the Trust is in the process of consulting on a Framework on the Management of Staff affected by Organisational Change with its Trade Union representatives. This framework will be supplemented with a number of agreed detailed protocols relating to issues such as arrangements for vacancy control, redeployment, relocation, pay protection, retraining, etc.

The main impacts anticipated for staff in this reorganisation relate to:

- Relocation
- New ways of working/retraining and/or re-skilling.

Relocation

The proposed reorganisation of the service will impact on those staff currently working at the City and Royal Hospital sites as some staff will need to move from one site to another if they want to remain within their chosen specialism. The postcode analysis shows that in general staff in non specialist posts are more likely to live close to their place of work with more specialist staff travelling greater distances.

Whilst the preferred option has been stated within the consultation document decisions on the position and location of service change in the proposals will form part of the consultation process. Where staff are required to relocate the Trust's agreed guidance with Trade Union Side on the protocol/process of staff movement within the Belfast Trust will be applied.

The Protocol on Staff Movement within the Belfast Trust has been developed in consultation between Management and Staff representatives to ensure the smooth and effective transfer of staff with respect to change in workforce location. It takes account of the statutory obligations, including those arising out of Section 75 of the Northern Ireland Act, Equality Laws and their specific significances in relation to employment and location issues.

The protocol has been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust's flexible working arrangements.

A Redeployment Protocol is currently being consulted on as part of the Framework on the Management of Staff affected by Organisational Change.

New ways of working/retraining and/or re-skilling

The Trust will give consideration to the provision for different work patterns and/or arrangements to facilitate employees' personal circumstances whenever 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.

Staff Support

The Trust will put in place a range of support mechanisms for individual staff which may include as appropriate:

- Staff support
- Career counselling

- Training in application and interview preparation
- Retraining/re-skilling for new roles
- Advice and guidance on pension and early retirement where applicable
- Advice and guidance on Human Resource policies and procedures.

Partnerships

The Trust in partnership with Trade Union Side will consider how it will minimise any adverse impact on the workforce resulting from the proposed changes. Change and the management of change will be taken forward through partnership approaches and consultation and negotiation with Trade Unions.

Conclusion

The measures outlined above, when implemented, are intended to mitigate any significant adverse impact for staff.

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, PUBLICATIN & MONITORING

7.1 Formal Consultation

The Trust wishes to consult as widely as possible on the findings included in this Equality Impact Assessment. With this in mind the Trust proposes to take the following actions:-

- A press release will be prepared and submitted to various media outlets
- Prominent advertisements inviting the public to comment on this matter will be placed in the main newspapers in Northern Ireland, in accordance with normal practice
- A letter will be issued to relevant Consultees listed in the Trust's Equality Scheme
- A copy of this report will be posted on the website
- Individual consultation meetings will be arranged with representatives of particular interest groups
- The report will be made available, on request, in alternative formats including Braille, disk and audio-cassette and in minority languages for those who are not fluent in English.

The closing date for responses is 31 October 2010.

7.2 Publication

The outcomes of this EQIA will be posted on the Trust's website and/or made available on request. The Trust will issue the outcome of this EQIA to those who have submitted to its consultation on this issue.

7.3 Decision of Public Authority

The Trust will take into account the consultation carried out in relation to this EQIA before a final decision is made.

7.4 Monitoring

In keeping with the Equality Commission's guidelines governing EQIA, the Trust will put in place a monitoring strategy to monitor the impact of the Trust's location of ENT Inpatient and Day case services at the Royal Hospitals on the relevant groups and sub-groups within the equality categories.

The Trust will publish the results of this monitoring and include same 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 Trust's location of case services at the Royal Hospitals results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

GLOSSARY OF ABBREVIATIONS

BCH	Belfast City Hospital
ED	Emergency Department
EQIA	Equality Impact Assessment
WTD	Working Time Directive
LGB	Lesbian, Gay and Bisexual
NIAS	Northern Ireland Ambulance Service
RGH	Royal Group of Hospitals
PfA	Priorities for Action
ENT	Ear, Nose and Throat

GLOSSARY OF TERMS

Day case	A surgical procedure carried out without an overnight hospital stay.
Elective Surgery	A surgical procedure which has been planned and booked in advance.
Emergency Surgery	A surgical procedure which is of an urgent nature and has not been planned or booked in advance.
European Working Time Directive	A European law seeking to protect the health and of workers which limits the number of hours that doctors are allowed to work over an average week.
Finished Consultant Episode	An episode of medical treatment during which a patient is under the care of a single, named Consultant.



Belfast Health and Social Care Trust

CONSULTATION QUESTIONNAIRE

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust 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 **31 October 2010** 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:

Orla Barron
Acting Health & Social Inequalities Manager
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast BT8 8BH

Tel: 028 90960069
Fax: 028 90566701
Textphone: 028 90902863
E-mail: orla.barron@belfasttrust.hscni.net

Before you submit your response, please read Appendix 3 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

information if you wish but we will not then be able to acknowledge receipt of your comments. So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation if relevant. You may withhold this

Name:	
Position:	
Organisation:	
Address:	

I am responding (please tick):

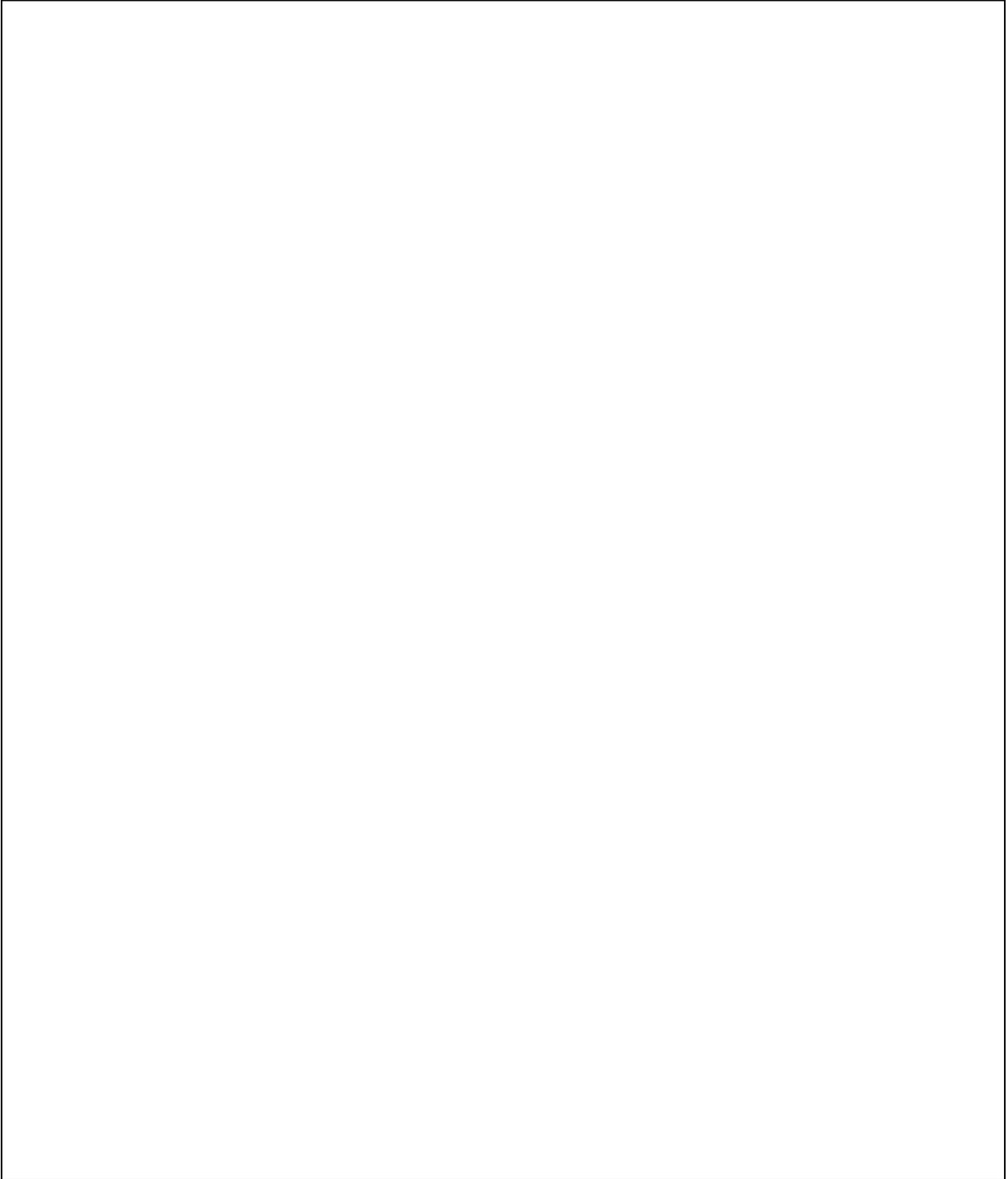
- as an individual**
- on behalf on an organisation**

Do you agree with the impacts and mitigating measures outlined in the EQIA?

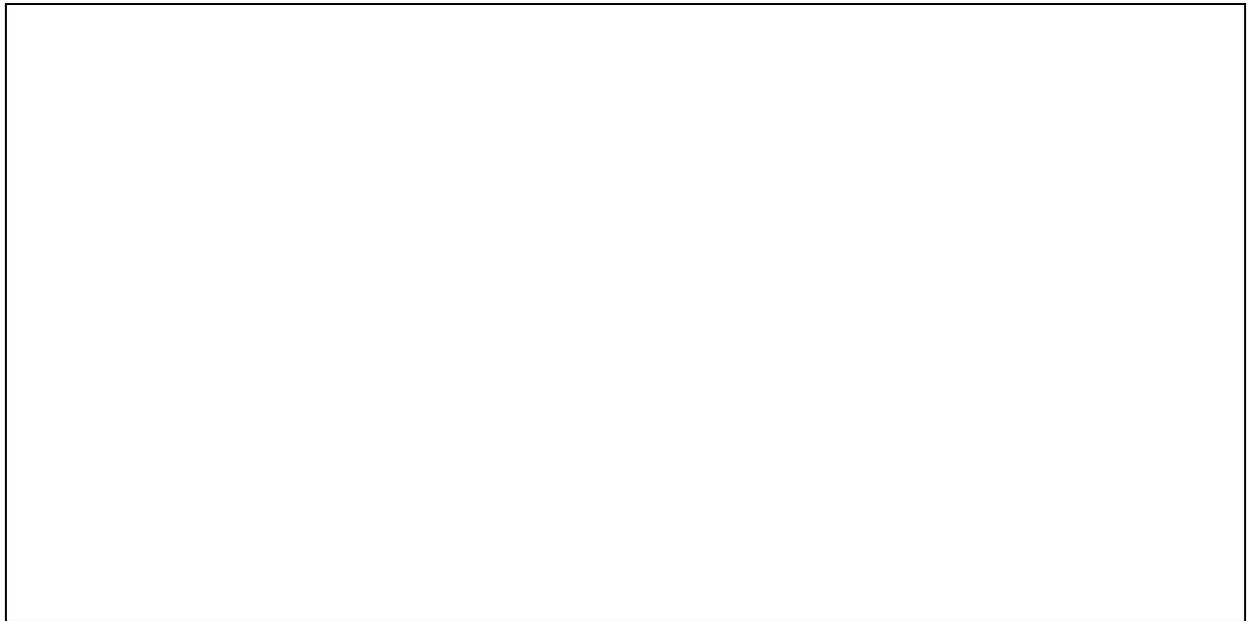
YES

NO

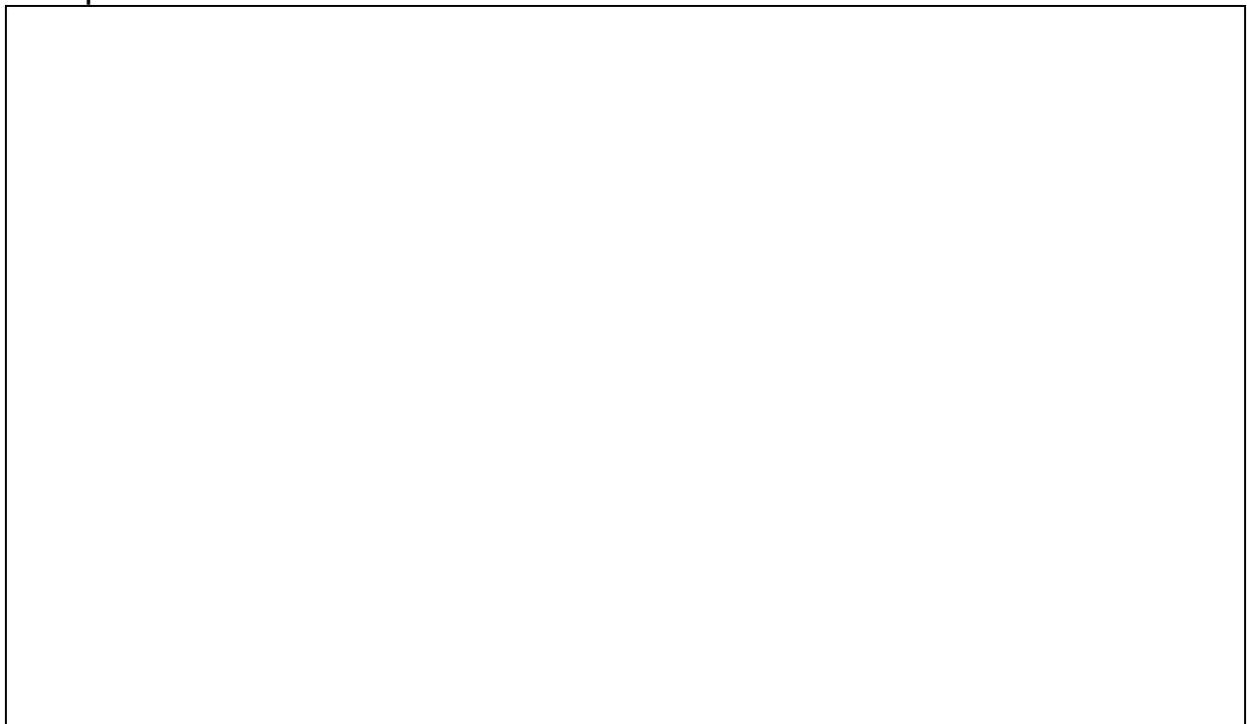
If no, please comment:



Can you identify any additional relevant evidence or information which the Trust should have 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 concerned?

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The Trust 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 and any relevant issues.

General comments

THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE.

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses 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, namely, Belfast Trust in this case. 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 limited circumstances would information of this type be withheld.

