



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

GENERAL SURGERY

Consultation period 5 July 2010 – 31 October 2010

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EXECUTIVE SUMMARY

Belfast Health and Social Care Trust was formed in April 2007 from the merging of six Trusts, four of which were acute – the Royal Hospitals, Belfast City Hospital, the Mater Hospital and Green Park - and two Community Health and Social Services Trusts, serving North and West Belfast and South and East Belfast.

The Belfast Trust aims to build on the fine legacy established by the six Trusts to deliver integrated and seamless citizen-centred health and social care.

The Trust set out in a document entitled “The Belfast Way” its values and objectives for the future delivery of its service to achieve excellence for the citizens of Belfast. The public consultation “New Directions”, from August to November 2008, began a conversation between Belfast Trust and the citizens we serve on how we should deliver services in a faster, more flexible, less bureaucratic, and more effective way.

Following on from that consultation, the Trust has developed a number of proposals for the future delivery of its acute hospital services. These proposals are described in a consultation document entitled “Right Treatment, Right Place - Excellence and Choice in Acute Services”.

One of the service enhancements being proposed is to reorganise the way the Trust delivers general surgery. Belfast HSC Trust is now embarking on a consultation process regarding the preferred option for the future delivery of general surgery:

- Specialist units for colorectal surgery and oesophagogastric surgery in Belfast City Hospital
- A specialist unit for hepatobiliary surgery in the Mater Hospital.
- A specialist unit for the delivery of short-stay general surgery in the Mater Hospital
- The creation of a single entry point for all emergency surgical patients at the Royal Victoria Hospital.

A screening exercise was carried out on the proposal to reorganise general surgical services and the proposal was screened in for a full Equality Impact Assessment. An Equality Impact Assessment (EQIA) is

an in-depth study to assess the extent of the impact on the equality of opportunity for the nine categories identified in Section 75 of the Northern Ireland Act 1998. It requires the analysis and consideration of both quantitative and qualitative data.

The Trust is conducting this Equality Impact Assessment to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views before any final decisions are taken.

Belfast HSC Trust is statutorily bound to consider the implications for equality of opportunity and good relations. Human rights and disability considerations are also integral to this process.

The Trust will consult widely on these proposals and will also be arranging a series of meetings to provide an opportunity for discussion with Trust managers.

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 general surgery and how the future model would work.

Section 3 outlines the option appraisal 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 proposed reconfiguration 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 welcomes any comments on Equality and Human Rights that you consider relevant.

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

SECTION 1
INTRODUCTION

- 1.1 Statutory Context Section 75
- 1.2 Human Rights
- 1.3 The Equality Impact Assessment Process
- 1.4 Trust's Background, Purpose, Values and Strategic Objectives

1 Introduction

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 on this 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 31st October 2010

To facilitate comments please see Appendix 2: EQIA Consultation Questionnaire. Following consultation a summary report will be made available.

1.1 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 Equality Commission for Northern Ireland (ECNI) approved the Trust's Equality Scheme 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 rights 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.

1.2 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 (EQIA) 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 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 the seven separate elements as outlined in the Equality Commission’s Guide to the 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 of public authority
6. Publication of results of EQIA
7. Monitoring for adverse impacts in the future and publication of results of such monitoring.

1.4 Belfast Health and Social Care Trust

1.4.1 Background

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. 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.

1.4.2 Purpose

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

1.4.3 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
- Accountability
- Openness and Trust
- Learning and Development

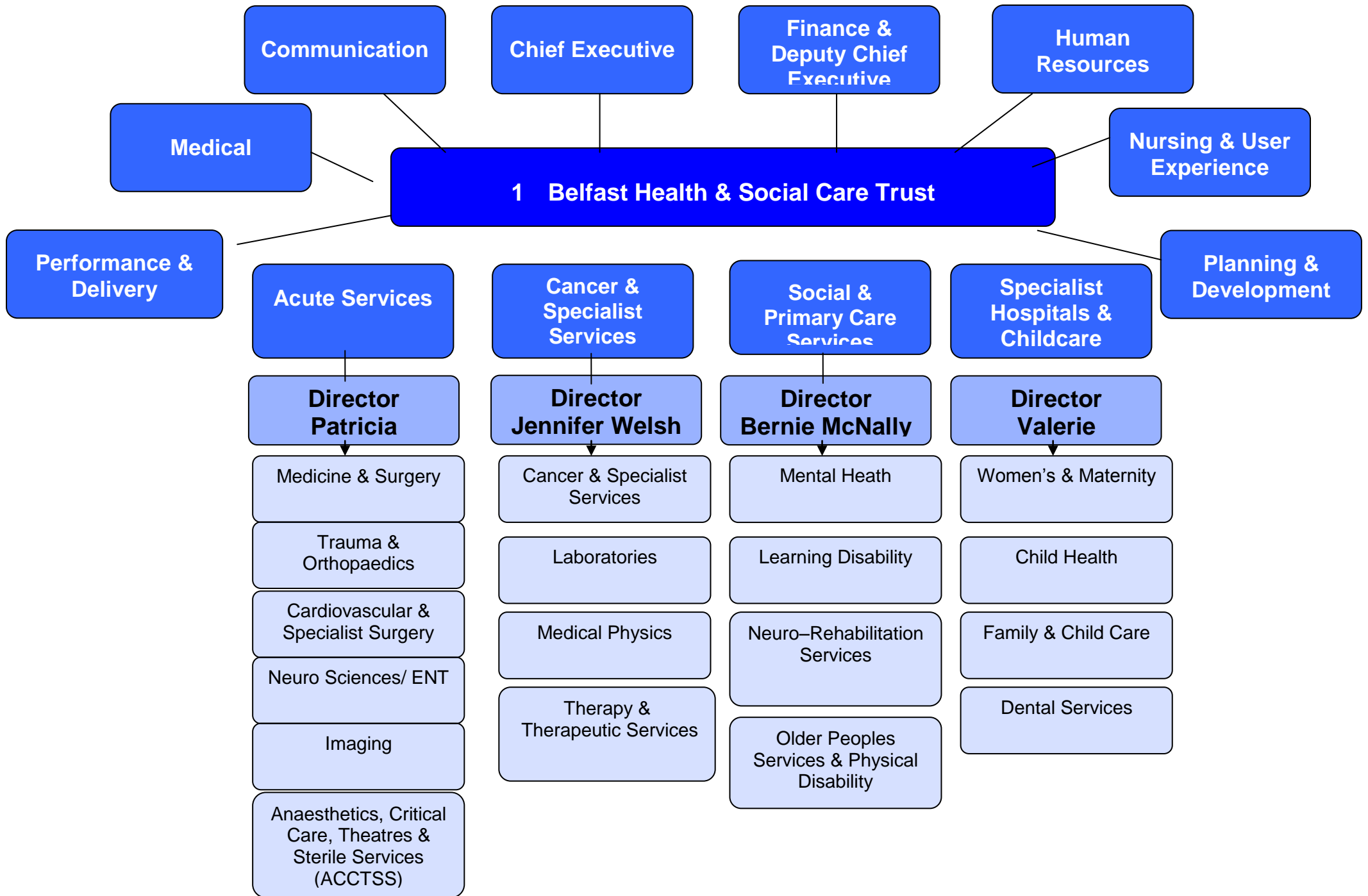
1.4.4 Strategic objectives

On the firm base of these 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.

1.4.5 Management Structure and Descriptions

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



General surgery falls within the remit of Acute Service which delivers Medicine and Surgery, Trauma and Orthopaedics, Cardiovascular and Specialist Surgery, Neuro Sciences/ENT and Imaging.

The Trust's Headquarters are 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 which provides information about Trust services: 0800 228844.

SECTION 2

BACKGROUND TO SERVICE PROVISION

- 2.1 Current Service Profile
- 2.2 Key Drivers for Change
- 2.3 What are the main benefits of reorganising the delivery of general surgery?

2 Background to Service Provision

2.1 Current Service Profile

General surgery deals with a wide range of conditions such as gallstones, appendicitis, hernias and skin lesions. General surgery in Belfast also includes a number of other specialist areas, each of which deals with a different area of the body:

- Lower gastrointestinal (GI) or colorectal surgery (colon, rectum and anus)
- Upper GI surgery, which can be further divided into:
 - Endocrine surgery (thyroid gland, parathyroid glands and adrenal glands)
 - Hepatobiliary (HPB) surgery (liver, pancreas and bile duct)
 - Oesophagogastric (OG) surgery (oesophagus, stomach and upper intestine).

Patients can access this care in one or more of the following ways:

- As an inpatient: an admission to hospital which includes an overnight stay
- As a day case: surgical treatment which is carried out in a single day, without the patient having to stay in hospital overnight
- As an outpatient: care provided on an appointment basis without requiring admission to hospital.

Inpatient general surgery can be delivered along one of two key 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

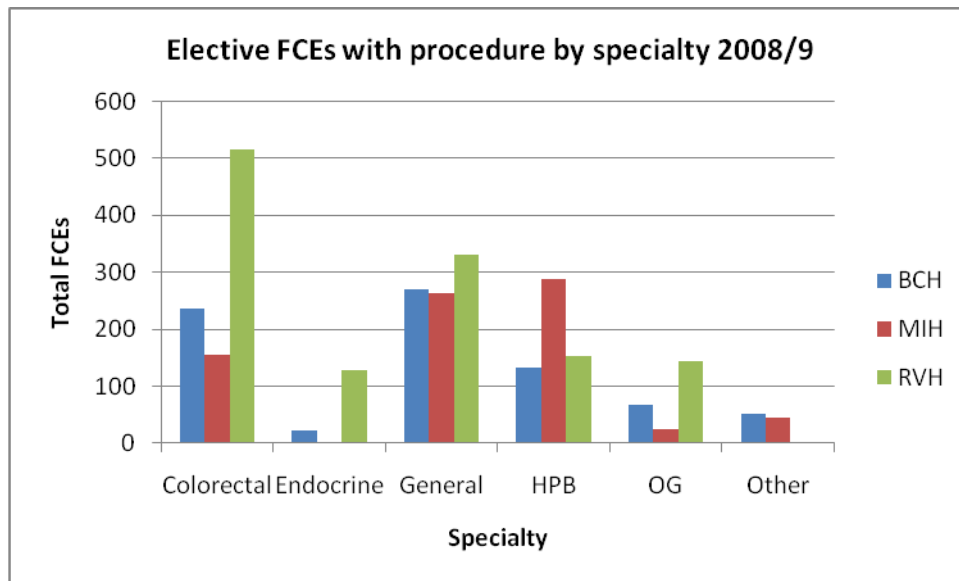
- **Non-elective or emergency:** This is when a patient accesses general surgery without prior planning, for example a patient with abdominal pain who goes to one of the Trust's Emergency Departments (EDs) and is admitted to a general surgical ward for assessment and treatment.

All three of the Trust's acute hospitals, the Royal Hospitals, Belfast City Hospital and the Mater Hospital currently deliver both elective and non-elective general surgery.

In the present system, emergency surgical patients are accepted at the Mater Hospital every day and at the Royal Victoria Hospital and Belfast City Hospital on alternate days (this is known as 'alternate take'). If a patient presents at the Royal or City Emergency Department (ED) on a day when the hospital is not accepting emergency surgery and requires a surgical admission, they are transferred to the other hospital.

Elective patients are admitted to the hospital where their consultant is based, so that the type of elective patient admitted to each hospital reflects the specialties of the consultants based there. Figure 1 shows how the various elective specialties within general surgery are distributed across the three acute hospitals, with most specialties having a significant presence on at least two of the three sites. The majority of specialist hepatobiliary surgery is delivered on the Mater site, while oesophagogastric and colorectal surgery are mainly delivered at the Royal and City. Endocrine surgery is primarily delivered on the Royal site.

Figure 1: General surgery elective inpatient Finished Consultant Episodes (FCEs) with procedure 2008/9



2.2 Key Drivers for Change

The formation of Belfast Health and Social Care Trust provides an opportunity to build on the high quality general surgical service delivered on each of its hospital sites, ensuring that patients consistently get to the right person, in the right place, at the right time. There are a number of factors which impact on our ability to sustain existing services, including the need to:

Meet public expectation for improved service quality and deliver Working Time Directive (WTD)

A hospital accepting emergency surgical patients should have a specialist registrar (SpR) on site 24 hours a day to provide medical expertise at the appropriate level of experience, but there are insufficient SpRs to provide this level of cover on three sites, particularly since the Working Time Directive (WTD) has reduced the number of hours a doctor can work on average each week. Concentrating emergency surgical patients in one hospital would enable the Trust to have an SpR on site 24/7, improving the quality of care for all emergency surgical patients. Failure to move in this direction would involve considerable clinical risk: for example, the Mater Hospital will be left with only very junior doctors (Foundation Year 2, with only one year's experience) on site at night to look after its emergency surgical patients. This is not an acceptable level of care for patients, nor is it acceptable from the point of

view of junior doctor training and could result in the removal of surgical training accreditation from one or more of the Trust's hospitals.

Address current duplication and service efficiency

Elective and non-elective patients are currently brought into the same wards and are often looked after by the same surgeon on the same day. This can mean that, for example, a patient who is admitted to hospital for a planned operation has the procedure cancelled because of a high number of emergencies, or an emergency patient's treatment is delayed because of a surgeon's elective commitments.

Act on staff support

The way specialties have developed in Belfast has resulted in a fragmented system, with surgeons practising the same specialty not always based on the same site). From a clinical and patient perspective the ideal model would be to bring surgeons of the same specialty together in the same hospital to form dedicated specialist units.

2.3 What are the main benefits of reorganising the delivery of general surgery?

Having identified the key reasons to review general surgery, there are a number of benefits for patients, staff and the hospitals which must be delivered in any proposed change on delivery or location of service. These were summarised into five key areas, which guided the work of the project team in their review and reorganisation of acute inpatient and day surgery services and they are:

2.3.1 The delivery of safe and sustainable services to our patients

- Providing safe services and ensuring patients are not at risk in our hospitals is our top priority. Having appropriately trained staff working in appropriately sized teams will assist in both improving patient safety and sustaining the continued provision of these services.

2.3.2 To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money

- Maintaining and improving the quality of care experienced by patients is fundamental to any proposals. Reducing the existing duplication of services across two or three acute sites will mean patients see the

right staff in the right place and this will also help teams deliver a more effective and efficient service

- The Trust must optimise the use of the current theatre stock and support accommodation available to us and ensure that there is some room for future growth, should the funding be available.

2.3.3 To ensure services are appropriately clinically linked

Delivering services at the right time and in the right place requires certain services to be located close to one another; for example, emergency patients will potentially need the skills of the Emergency Department, Intensive Care, Neurosurgery, Vascular and Thoracic Surgery and Orthopaedic/fracture surgery teams.

2.3.4 To ensure services are accessible to service users and carers

Service users, carers, families and visitors want to have easy access to their services, whether by public transport or by car.

2.3.5 To ensure the Acute Service Plan is compatible with the Trust Strategic Direction

The Trust Strategic Direction, which has been previously publicly consulted upon, for the four adult hospitals is:

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and a chronic admissions centre
- Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services
- Mater Hospital as the centre for Ophthalmology services and general acute hospital services
- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The service project teams used these benefits criteria to assess how each service option would deliver improvements for patients and staff and considered their impact on each hospital.

SECTION 3
OPTION APPRAISAL

- 3.1 Options for the delivery of emergency surgery
- 3.2 Options for the delivery of elective surgery
- 3.3 What does this mean for patients?
- 3.4 What does this mean for each hospital?
- 3.5 What does this mean for staff?

3 Option Appraisal

This section sets out the list of options considered by the Trust to meet the needs of the service. The list of options was developed based on an analysis of the strategic context, vision and objectives for the Trust set out earlier in this report and on the options available to the Trust to meet these objectives.

A general surgery project team was established to lead the review of general surgical services. Consultant Surgeons and other medical, nursing, AHP and administrative staff were engaged through a series of working groups, so that the review has drawn on a broad range of skills, experience and expertise. Mindful of the Trust's 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 Options for the delivery of emergency general surgery

The project team considered the options for managing emergency surgical patients.

In theory there are a total of seven possible configurations for emergency surgical admissions:

1. Continue with current delivery at all three hospitals (Belfast City Hospital, Mater Hospital and The Royal Hospitals)
2. Deliver emergency surgery at Belfast City Hospital and Mater Hospital
3. Deliver emergency surgery at Belfast City Hospital and Royal Hospitals
4. Deliver emergency surgery at Royal Hospitals and Mater Hospital
5. Deliver emergency surgery at Belfast City Hospital
6. Deliver emergency surgery at Mater Hospital
7. Deliver emergency surgery at Royal Hospitals.

3.1.1 Providing safe and sustainable services

In terms of the first criterion above – providing safe and sustainable services – a key consideration in the development of an emergency surgical service is the provision of adequate medical cover. A hospital accepting emergency surgical patients should ideally have a specialist registrar (SpR – the highest grade of junior doctor) on site 24 hours a day in order to assess and treat patients presenting with surgical problems, with the facility to contact a consultant surgeon should the need arise.

Given the constraints of the Working Time Directive and the need to provide adequate daytime opportunities for training, it is recommended that a 24/7 rota of this kind should have at least eight trainee doctors. To have fewer doctors than this would leave medical staff working too many hours (which is not safe) on non-compliant rotas (which is not sustainable). The Trust's general surgical service has fifteen WTE SpRs. This means that only one 24/7 rota can be established, so that only one of the Trust's hospitals can act as an entry point for emergency surgical patients on a 24/7 basis. This leads to the elimination of options 1-4.

3.1.2 Improving service quality and reducing fragmentation and deliver value for money

Directing emergency surgical admissions to a single point would also fulfil the second criterion by reducing the fragmentation and duplication of emergency general surgery and developing a unit dedicated to providing high-quality care to non-elective patients. This is a reorganisation of existing resources, and will help drive efficiencies in the service.

3.1.3 Appropriate clinical links

The Royal Hospital is the regional trauma centre, which shares requirements for several types of support services with an emergency surgical unit and also needs access to a responsive general surgical service.

3.1.4 Access for users and carers

It is important to note that this proposed reorganisation is not the same as having only one Emergency Department (ED) in Belfast – the Trust has three EDs and their configuration is not subject to review here. This is purely a change in the way surgical emergencies are dealt with, and is aimed at improving the quality and timeliness of care received by these patients. Patient access will be maintained through the Trust's Emergency Departments, which are not affected by this review.

Any of the one-site options (5-7) would provide a single, centralised entry point for emergency surgical admissions, giving all patients access to a specialist registrar 24 hours a day according to their clinical need, thereby promoting equality of opportunity.

3.1.5 Compatibility with Trust strategic direction

When considering where the Trust's single entry point for emergency surgical admissions should be located, the Trust's strategic vision as outlined in *New Directions* envisages the Belfast City Hospital and Mater Hospital as the elective centres for Belfast, so that it would seem counter-strategic to centralise emergency patients there.

In addition, it is clear that the Mater Hospital would not have the capacity required to accommodate all emergency general surgical patients for Belfast Trust, even with the transfer of all of its major elective surgery elsewhere.

3.1.6 Preferred option

Given these considerations the preferred option for the delivery of emergency surgery is option 7: the development of an Emergency Surgical Unit on the Royal site which will act as the sole entry point for all general surgical emergency activity.

3.2 Options for the delivery of elective surgery

The decision to develop an Emergency Surgical Unit at the Royal Hospitals leads to a consideration of how best to deliver the elective surgery currently carried out in the Royal, which is primarily colorectal, oesophagogastric and endocrine surgery. For the larger specialties of colorectal and oesophagogastric surgery, four options can be identified:

1. Continue to deliver elective surgery at the Royal alongside the emergency unit
2. Relocate the elective surgery currently delivered at the Royal to Belfast City Hospital
3. Relocate the elective surgery currently delivered at the Royal to the Mater Hospital
4. Relocate the elective Upper-GI surgery currently delivered at the Royal to the Mater and the colorectal surgery to the City.

Option 1 can be discounted due to the considerable increase in resource it would require on the Royal site in terms of beds, theatre sessions and critical care facilities. All of these resources are subject to strong demand from specialties other than general surgery, meaning that it would not be possible to secure such a high level of resource on the Royal site.

Similar issues apply to option 3: the Mater Hospital would not have the beds, theatres or critical care facilities required to accommodate all the elective surgery currently carried out at the Royal.

Option 4 could potentially bring the OG and HPB elements of the Upper-GI service together at the Mater Hospital, thereby reducing fragmentation (criterion 2). However, this would only be the case if the Upper-GI surgery currently delivered in the City Hospital were to move to the Mater as well. This would lose the excellent clinical links between the BCH oesophagogastric cancer service and the Regional Cancer Centre on the City Hospital site (criterion 3), and would be contrary to the Trust's strategic development of the City Hospital as the major elective centre for Belfast (criterion 5). It would also be incompatible with a recent external review of the Belfast Trust's OG cancer surgery, which recommended a centralisation of the service on the City Hospital site.

Option 2 involves all elective colorectal and oesophagogastric surgery being delivered from Belfast City Hospital. This can be appraised against the five criteria as follows.

3.2.1 Providing safe and sustainable services

The separation of elective and emergency flows will enable the development of sustainable, compliant junior doctor and consultant rotas, ensuring that both emergency and elective patients receive the level of care appropriate to their clinical needs.

3.2.2 Improving service quality and reducing fragmentation

Bringing together all colorectal and oesophagogastric surgeons in the City Hospital will facilitate the development of highly skilled, specialist teams, forming centres of excellence in the City Hospital delivering high quality care to patients.

3.2.3 Appropriate clinical links

These specialist units will be caring for a significant number of cancer patients, and will be able to forge strong clinical links with the Regional Cancer Centre, also on the City site.

3.2.4 Access for users and carers

General surgery will continue to be delivered from all three acute hospital sites, maintaining access for users and carers.

3.2.5 Compatibility with Trust strategic direction

This option is fully compatible with the Trust's strategic direction to develop the Belfast City Hospital and Mater Hospital as the elective centres for Belfast.

3.2.6 Preferred option

The Trust's preferred option for the delivery of elective colorectal and oesophagogastric surgery currently provided at the Royal Hospitals is option 2: relocate the elective surgery currently delivered at the Royal to the Belfast City Hospital. The Mater Hospital will continue to provide specialist hepatobiliary surgical services. This reconfiguration will also allow the Trust to develop the Mater as a specialist centre for the delivery of short-stay general surgery, bringing further improvements to the efficiency and quality of care received by these patients.

3.2.7 Endocrine surgery

Endocrine surgery is a much smaller specialty, requiring only a few beds and a small theatre resource, so that there is not the same imperative to relocate endocrine surgery away from the Royal. The service has significant clinical links with the Regional Endocrinology and Diabetes Centre, which is on the Royal site. The preferred option is therefore to retain elective endocrine surgery at the Royal Hospitals.

What will this mean for patients, staff and hospitals?

Based on the options appraisal above, the proposed model for general surgery has four main elements:

- Specialist units for colorectal surgery and oesophagogastric surgery in Belfast City Hospital
- A specialist unit for hepatobiliary surgery in the Mater Hospital
- A specialist unit for the delivery of short-stay general surgery in the Mater Hospital
- The creation of a single entry point for all emergency surgical patients at the Royal Victoria Hospital.

Figure 2 shows how this simplifies the flow of surgical patients in Belfast, allowing each hospital to develop specialist services in particular areas.

Figure 2: Flow of surgical patients in current system

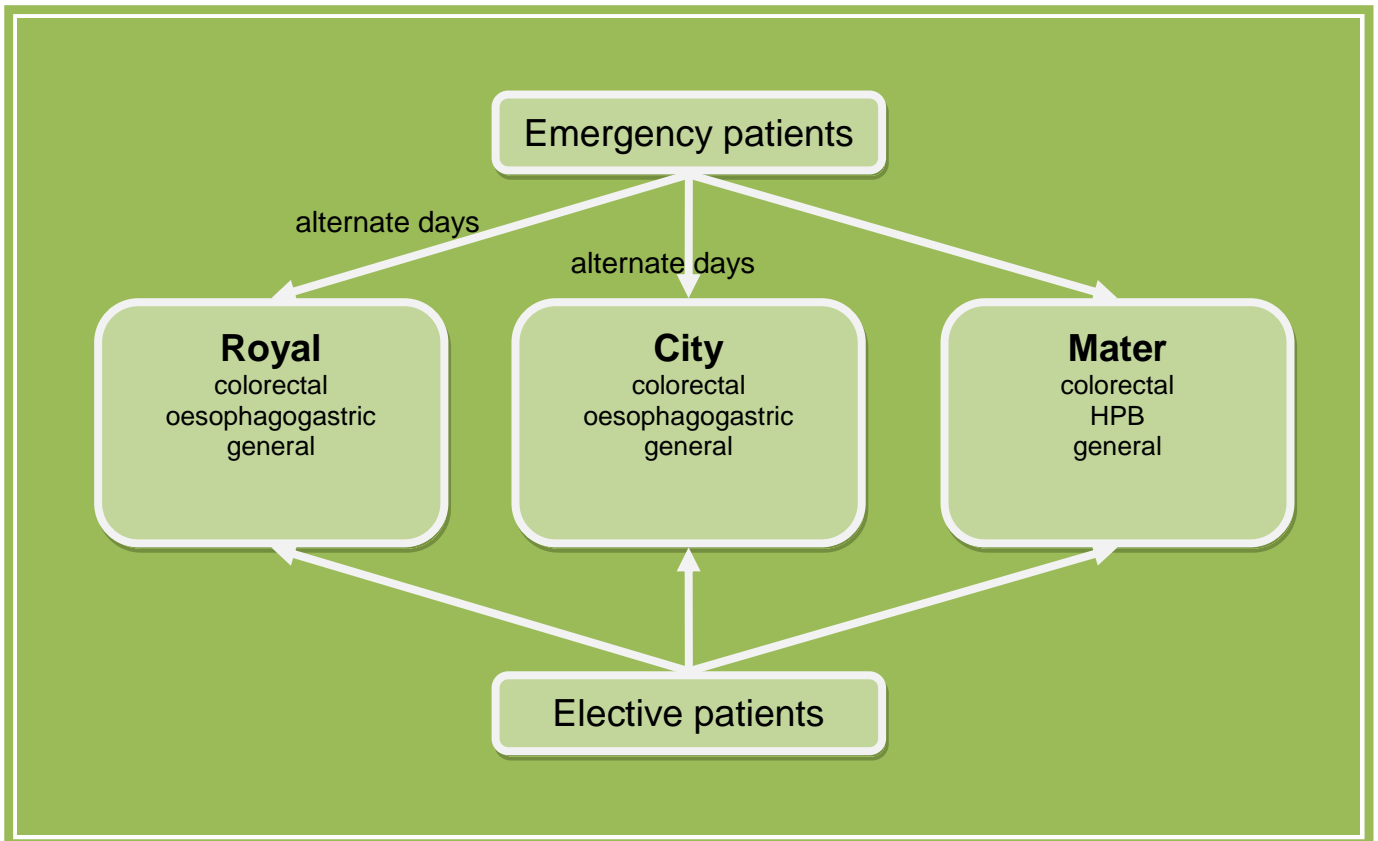
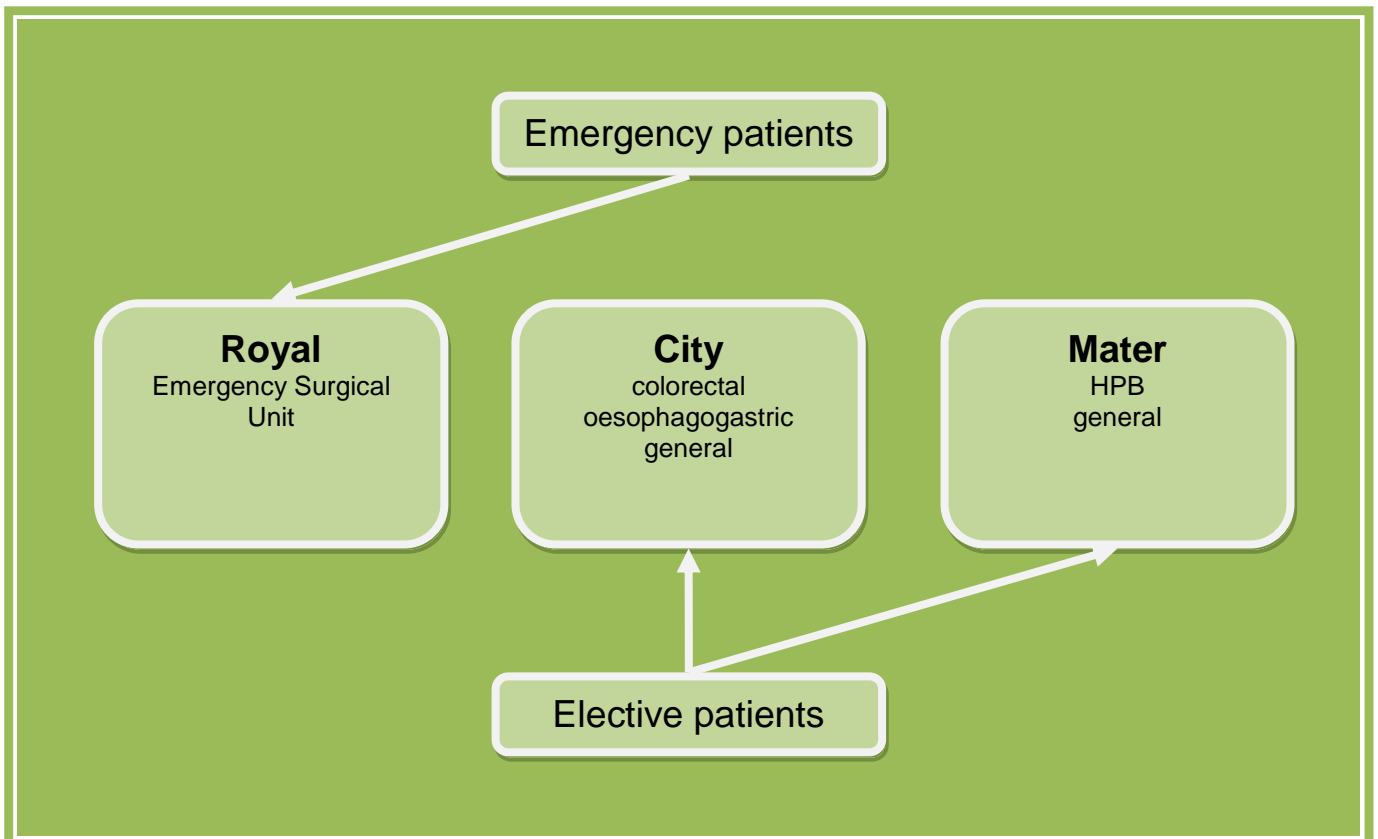


Figure 3: Flow of surgical patients in the proposed model



3.3 What does this mean for patients?

3.3.1 Providing safe and sustainable services

Concentrating emergency patients in the Royal will enable the development of WTD-compliant rotas for junior doctors giving 24/7 resident SpR cover in the emergency unit, thereby improving care for emergency patients and removing the clinical risk of having relatively inexperienced doctors on site at night to look after surgical emergencies.

3.3.2 Improving service quality and reducing fragmentation

A surgeon working in the emergency unit will be free of all elective commitments, enabling them to focus exclusively on dealing with non-elective patients. This will result in timelier, more focused care for patients with emergency surgical conditions, ensuring they can have emergency surgery more quickly than is currently possible. For example, in the current system patients presenting to an ED with cholecystitis (inflammation of the gall bladder) are usually sent home and brought back to hospital some days or weeks later for an operation; in the new model it will be possible to perform the operation while the patient is in the emergency unit, saving the patient time, discomfort and the risk of further complications.

All elective general surgery will be delivered in one of the specialist units in the City and Mater Hospitals, meaning that elective and non-elective patients will no longer be competing for the same beds, theatre time, etc. This will lead to more efficient management of patients, reducing cancellations of elective surgery and length of stay and improving quality of care for elective patients, and helping the Trust to meet waiting time targets for the benefit of patients.

The development of specialist colorectal, oesophagogastric and hepatobiliary units will enable the formation of highly skilled, specialist teams of surgeons, anaesthetists, nurses and Allied Health Professionals, forming centres of excellence in the City and Mater Hospitals delivering high quality care to patients. It will also enable the development of specialty-based emergency rotas, meaning that emergency patients with specialist conditions can be seen quickly by the appropriate specialist.

3.3.3 Access for users and carers

Emergency surgical patients are currently accepted at the Royal Victoria Hospital and Belfast City Hospital Emergency Departments (EDs) on alternate days (this is known as 'alternate take'), and every day in the Mater. In the proposed system all emergency surgical patients will be directed initially to the Royal.

This change will be made in collaboration with the NI Ambulance Service (NIAS), so that any patient presenting with a suspected surgical problem to the Ambulance Service will be taken immediately to RVH. This is similar to but much simpler than the current system of alternate take, whereby NIAS take patients with suspected surgical problems to either the City or the Royal on alternate days. Patients presenting to the City or Mater who are diagnosed by Emergency Department staff as requiring emergency admission to general surgery will be transferred to the Emergency Surgical Unit in the Royal. Again, this is similar to the current system whereby a walk-in patient to the City or Royal who arrives on a non-take day is transferred to the other hospital for surgical admission.

The development of a single, dedicated Emergency Surgical Unit for Belfast will enable a more focused approach to these patients 24 hours per day, seven days per week, resulting in a more responsive, higher quality service than is currently possible with the emergency service spread out over three hospital sites.

The majority of elective surgery currently carried out at the City and Mater will remain in situ, with the consultants based at the Royal moving to one of the other two hospitals to form specialist teams in dedicated units. Colorectal and oesophagogastric surgery will be delivered in the City, and hepatobiliary surgery in the Mater. Most short-stay general surgery will be delivered in the specialist unit in the Mater Hospital.

Patients who are followed long-term by a consultant surgeon in the Royal will remain under that consultant's care; if they require admission they will go to the surgeon's new base at the City or Mater.

3.4 What does this mean for each hospital?

Belfast City Hospital will become a centre of excellence for colorectal and oesophagogastric surgery, with highly specialised teams providing care of the highest quality in specialist surgical units.

The Mater Hospital will develop its specialist hepatobiliary service, with all surgeons of the same specialty working together in the same unit, as well as becoming a specialist centre for the delivery of short-stay general surgery.

The Royal Victoria Hospital will be the entry point for all surgical emergencies, with a dedicated Emergency Surgical Unit providing focused, timely care for emergency patients.

This reorganisation of general surgery does not affect the Trust's configuration of Emergency Departments. Surgical services will be maintained on each site and supported by full surgical teams. Each hospital will be able to specialise and to build on its own strengths in line with the Trust's overall strategic direction. This review represents an opportunity to develop a world-class general surgical service for the population of Belfast and beyond.

3.5 What does this mean for staff?

For clinical staff, this reorganisation will mean the development of larger, more specialist multi-disciplinary teams, enabling the delivery of a higher standard of care. The separation of elective and emergency flows will mean surgeons, nurses and AHPs can focus on a particular group of patients at any given time, without having to balance the competing priorities of emergency and planned admissions. Junior doctor rotas will be made compliant with the Working Time Directive, meaning they will be safe and sustainable and will offer improved opportunities for training.

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 Staff Profile

4 CONSIDERATION OF AVAILABLE DATA AND RESEARCH

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

The strategic direction for the provision of health and social care is laid down in a number of key strategic documents notably:

- Regional Strategy 'A Healthier Future (2005–2025)'
- DHSSPS - Equality, Good Relations and Human Rights Strategy and Action Plan
- DHSSPS Priorities for Action 2009-10
- Investing for Health Strategy 2002
- Developing Better Services (DBS)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- 2001 Census of Population (Northern Ireland).

The following sources specifically concern the delivery of surgery:

- Association of Surgeons of Great Britain and Ireland, *Emergency General Surgery: The Future. A Consensus Statement*, 2007
- Association of Surgeons of Great Britain and Ireland, *The Impact of EWTD on Delivery of Surgical Services. A Consensus Statement*, 2008
- Royal College of Surgeons of England, *Delivering High-Quality Surgical Services for the Future*, 2006

- Royal College of Surgeons of England, *Separating Emergency and Elective Surgical Care: Recommendations for Practice*, 2007
- Royal College of Surgeons of England, *Working Time Directive 2009: Meeting the Challenge in Surgery*, 2008.

4.2 Local Data Sources

This document is also shaped by a number of Trust documents as follows: -

- “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
- The Belfast HSC Trust Delivery Plan
- The Belfast HSC Trust Corporate Plan
- The Belfast HSC Trust Health and Wellbeing Investment Plan (HWIP)
- Excellence and Choice – Right Treatment, Right Place- Acute Services.
- Equal Opportunities Monitoring System

4.3 Population Profile: Belfast Health and Social Care Trust Area

The Belfast Health and Social Care Trust provides 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 1: Belfast & 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%
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%

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)	Disabled	43.6%
	Not Disabled	56.4%
Ethnic Group	White	98.63%
	Irish Traveller	0.07%
	Mixed	0.26%
	Indian	0.15%
	Pakistani	0.06%
	Bangladeshi	0.02%
	Other Asian	0.03%
	Black Caribbean	0.02%
	Black African	0.06%
	Other Black	0.03%
	Chinese	0.51%
	Other Ethnic Group	0.16%
Sexual Orientation	Research indicates that 10% of the population is LGB. (Source: Rainbow Project July 2008)	

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

4.4 Service User Profile

The following data are based on all 9,387 general surgical admissions to the Royal, City and Mater Hospitals from 1 Jan to 31 Dec 2008, compared to the population of Belfast and Castlereagh LGD areas (Census 2001 data), except for Figure where information is for Jan to Dec 2009.

Table 2: General surgery patients by gender 2008

	BCH		MIH		RVH		All pts	Pop
	Elec	Non-elec	Elec	Non-elec	Elec	Non-elec		
Fem	45%	50%	45%	46%	52%	51%	49%	53%
Male	55%	50%	55%	54%	48%	49%	51%	47%

Figure 4: Elective and non-elective admissions to general surgery by gender Jan-Dec 2008

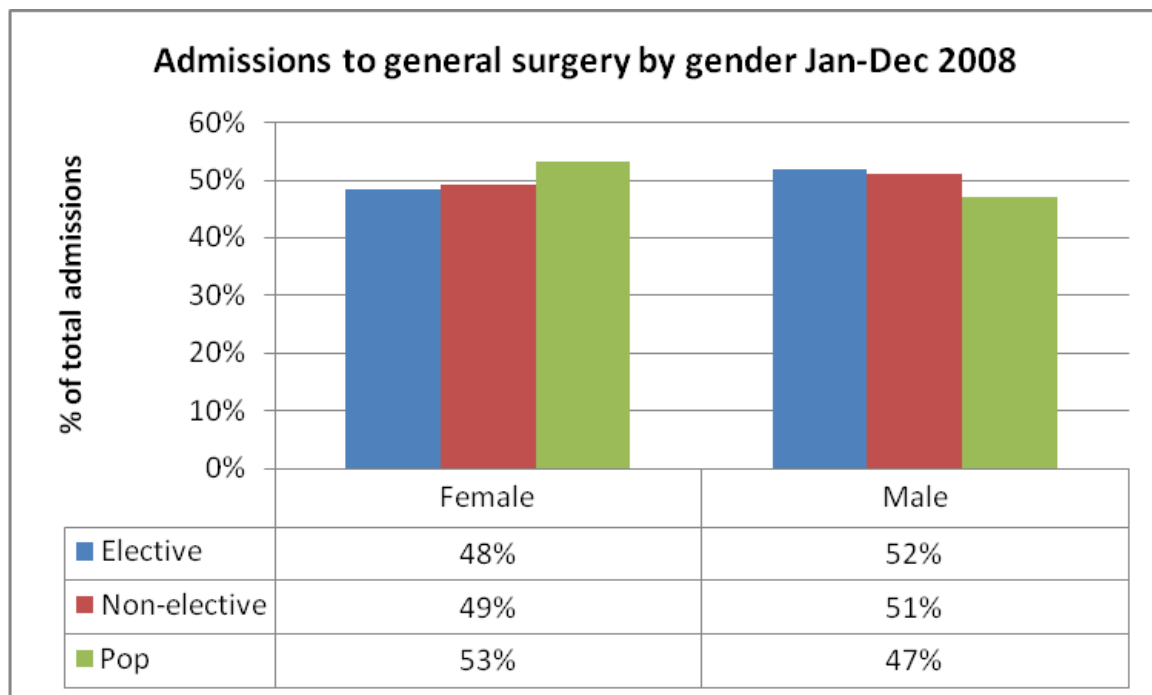


Table 3: General surgery patients by age 2008 (population is based on over-12s only)

	BCH		MIH		RVH		All pts	Pop
	Elec	Non-elec	Elec	Non-elec	Elec	Non-elec		
12-18	1%	8%	1%	7%	2%	7%	5%	12%
19-26	4%	13%	5%	10%	6%	12%	9%	15%
27-35	6%	12%	7%	10%	10%	12%	10%	15%
36-45	13%	14%	14%	14%	17%	16%	15%	17%
46-60	28%	20%	32%	21%	27%	21%	24%	18%
61-70	21%	11%	21%	12%	20%	12%	15%	10%
71-80	19%	12%	15%	15%	14%	11%	13%	8%
81-90	8%	9%	4%	9%	4%	8%	7%	3%
90+	0%	1%	0%	1%	0%	1%	1%	0%

Figure 5: Elective and non-elective admissions to general surgery by age band Jan-Dec 2008

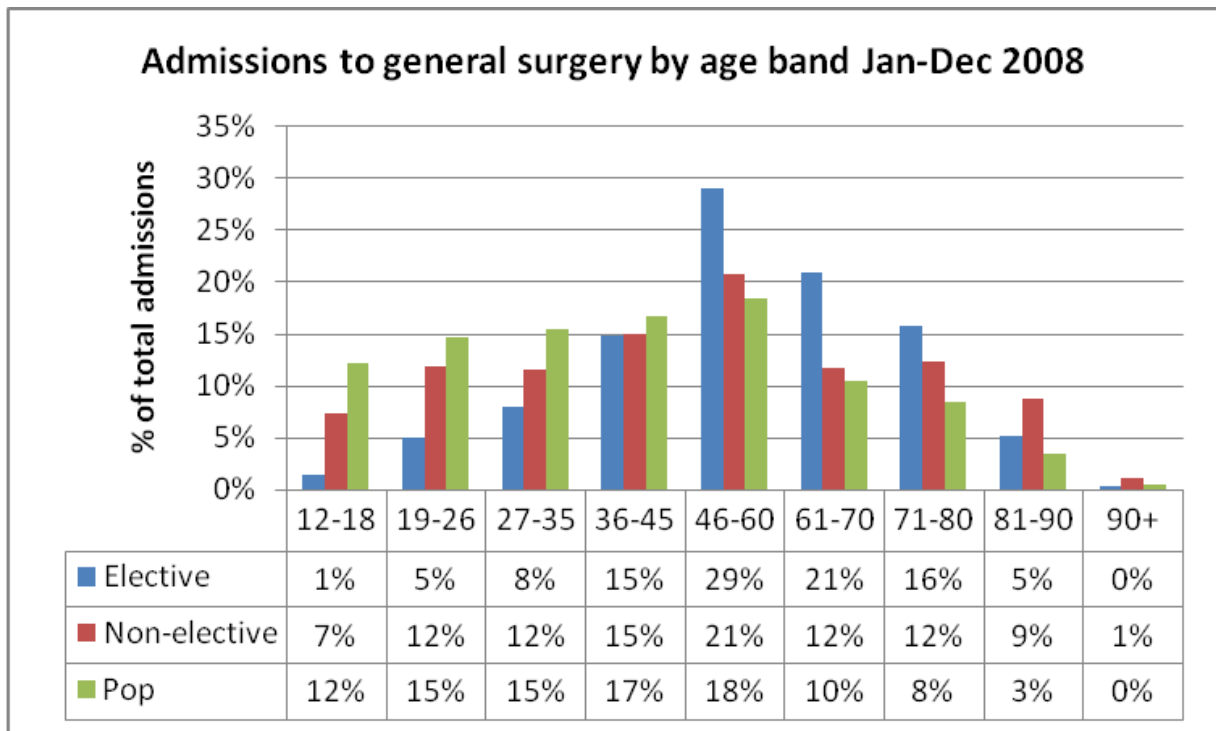
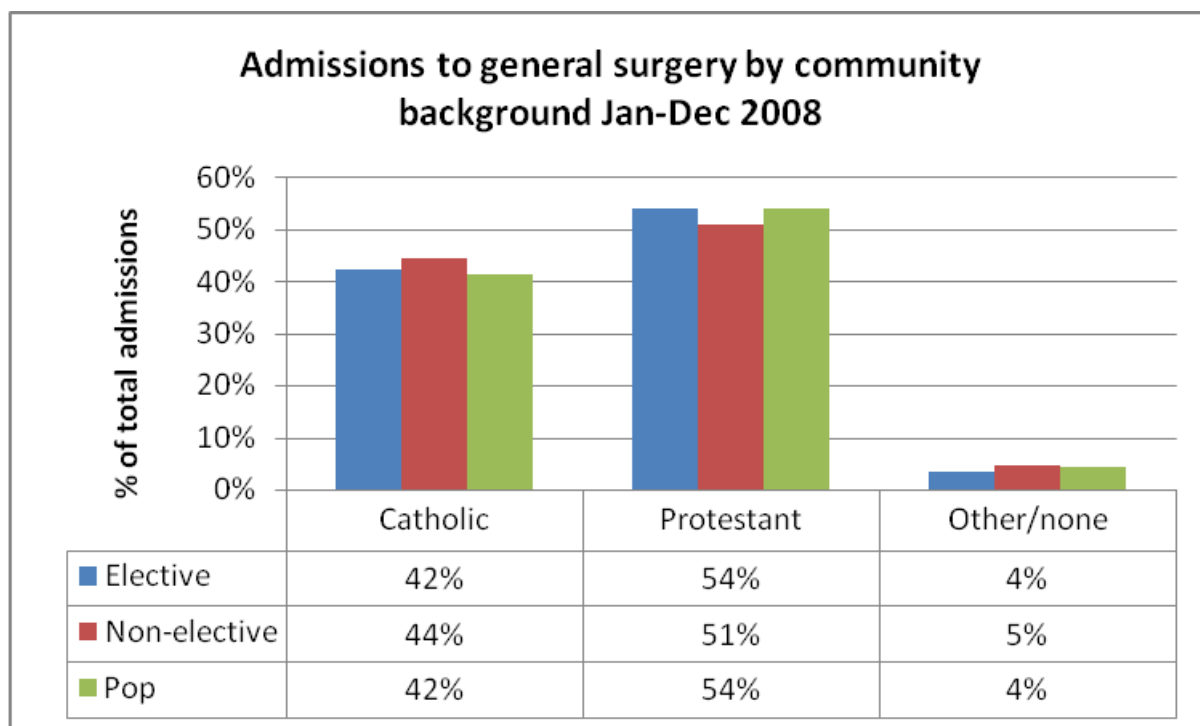


Table 4: General surgery patients by community background 2008

	BCH		MIH		RVH		All pts	Pop
	Elec	Non-elec	Elec	Non-elec	Elec	Non-elec		
RC	34%	46%	38%	38%	50%	48%	44%	42%
P	61%	49%	59%	57%	47%	48%	52%	54%
Other	4%	5%	3%	5%	3%	4%	4%	4%

Figure 6: Elective and non-elective admissions to general surgery by community background Jan-Dec 2008



NB Community background (religion or religion brought up in) is estimated based on the home postcode of each patient, mapped to religious profile of the corresponding census output area (Census table KS07bOA). The population profile differs from the figures given in Section 4.3 as the latter is based on stated religion rather than community background.

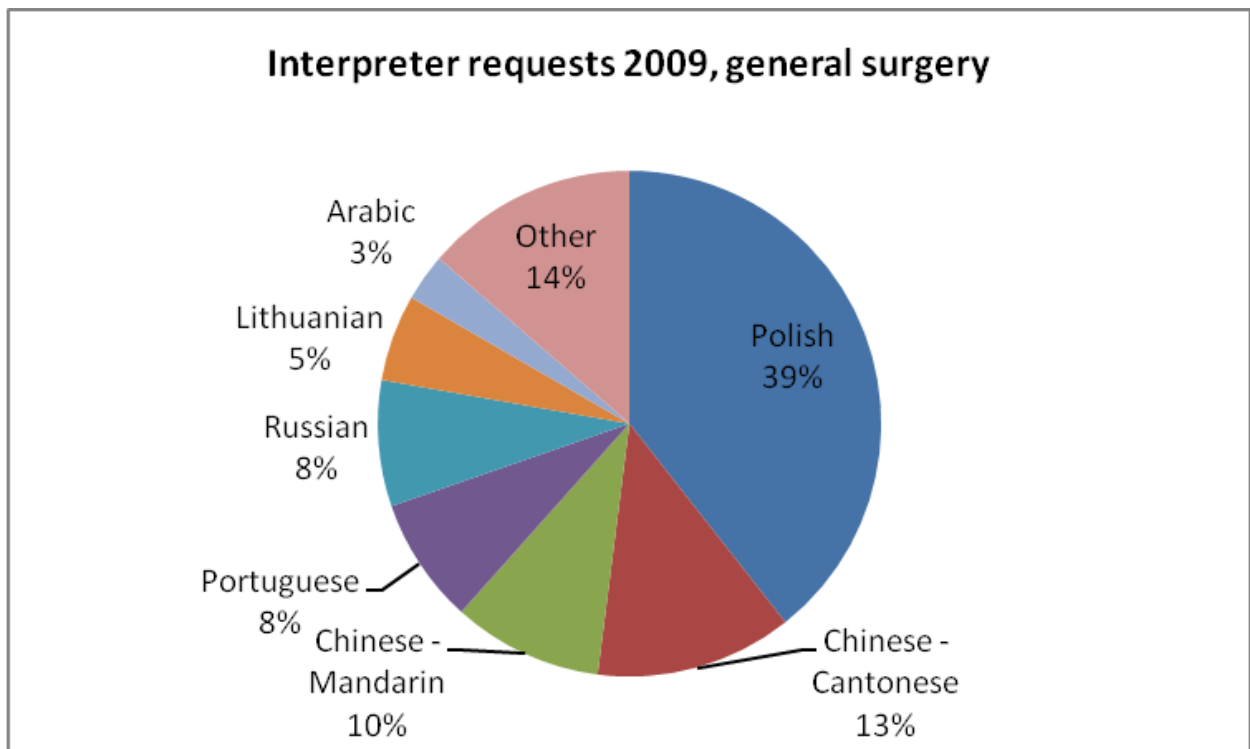
Table 5: Interpreter requests 2009, general surgery

	BCH	MIH	RVH	Total
Polish	10	7	61	78
Chinese - Cantonese	7	1	17	25
Chinese - Mandarin	3		16	19
Portuguese	4	1	11	16
Russian			16	16
Lithuanian			11	11
Arabic	1		5	6
Slovak			5	5
Romanian			5	5
Chinese - Hakka	4	1		5
Hungarian	1	1	2	4

Table 5 cont'd: Interpreter requests 2009, general surgery

	BCH	MIH	RVH	Total
Latvian			3	3
Bulgarian			2	2
Punjabi			1	1
Bengali		1		1
Slovenian			1	1
	30	12	156	198

Figure 7: Interpreter requests by language Jan-Dec 2009 (general surgery)



The Trust does not consistently collect data on the marital status, political opinion, dependent status, disability or sexual orientation of its patients.

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 resurveyed 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 265 people, employed in the service under review – 102 based in the Royal Hospital, 89 based in the Mater Hospital and 74 based in the City Hospital. This represents a Whole Time Equivalent of 233.83 posts. The staff includes nurses (both qualified and unqualified), doctors and clerical and secretarial staff. Junior Doctors who are in rotational posts have not been included.

The profile of all 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.

AHP and ancillary/general staff also work in surgical wards on all three sites. However, these are mostly pooled staff, employed to work across a number of areas, and so are not included in the data presented below. Any impact of the proposed reorganisation of general surgery on these groups of staff is likely to be affected and/or mitigated by other service moves proposed within the Review of Acute Services.

Table 6: Staff in general surgery by Section 75 grouping (Jan 2010)

Category	Grouping	City	Mater	Royal	3 Sites	Trust
Gender	Male	10%	7%	12%	10%	21%
	Female	90%	93%	88%	90%	79%
Age	16-24	17%	8%	7%	11%	7%
	25-34	33%	42%	33%	36%	26%
	35-44	21%	25%	36%	28%	28%
	45-54	15%	21%	21%	19%	27%
	55-64	11%	4%	3%	6%	11%
	65+	3%	0	0	<1%	1%
Religion	Protestant	53%	34%	42%	42%	45%
	Roman Catholic	44%	57%	56%	53%	48%
	Unknown/Other	3%	9%	2%	5%	7%
Marital status	Married	51%	60%	57%	56%	55%
	Single	48%	36%	38%	40%	39%
	Other	1%	4%	5%	4%	6%
Disability	Disabled	<1%	0%	0%	<1%	2%
	Not disabled	18%	60%	63%	52%	60%
	Unknown	81%	40%	37%	47%	38%
Ethnic origin	White	90%	76%	84%	83%	72%
	Other	5%	13%	12%	11%	4%
	Unknown	5%	11%	4%	6%	24%
Political Opinion	Information currently being collected					
Dependent status	Information currently being collected					
Sexual Orientation	Currently being collected Research indicates that 10% of the Population is LGB (source Rainbow Project July 2008)					

Gender

Figure 8 shows the breakdown of staff by gender. There is a higher proportion of female than male staff at each location (90% City, 93% Mater, 88% Royal and 90% for all 3 locations). This is higher than the Trust as a whole (79%).

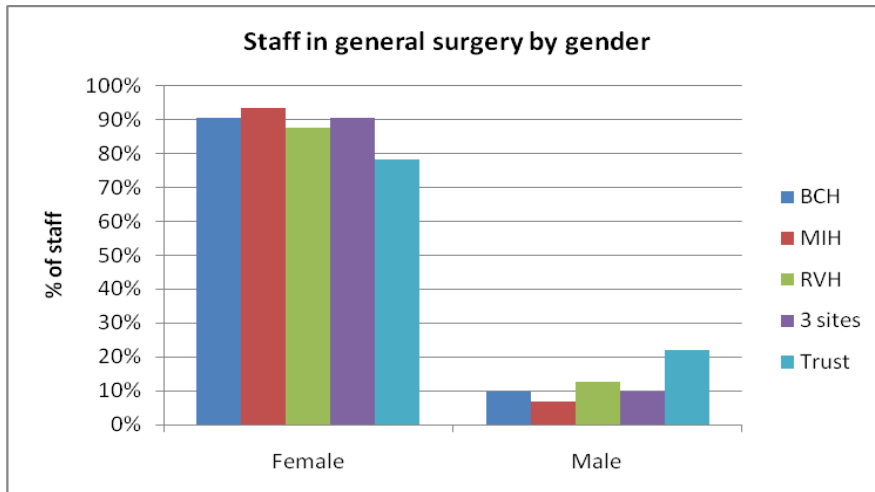


Figure 8: Staff by gender

Age

Figure 9 shows staff by age band. At the City Hospital, 71% are under 45 and 29% over 45. At the Mater 75% are under 45 and 25% over 45 and in the Royal 76% are under 45 and 24% are 45 and over. For the three locations combined, 75% are under 45 and 25% 45 and over. Staff tend to be younger than in the Trust as a whole where 61% of staff are under 45 and 39% 45 and over.

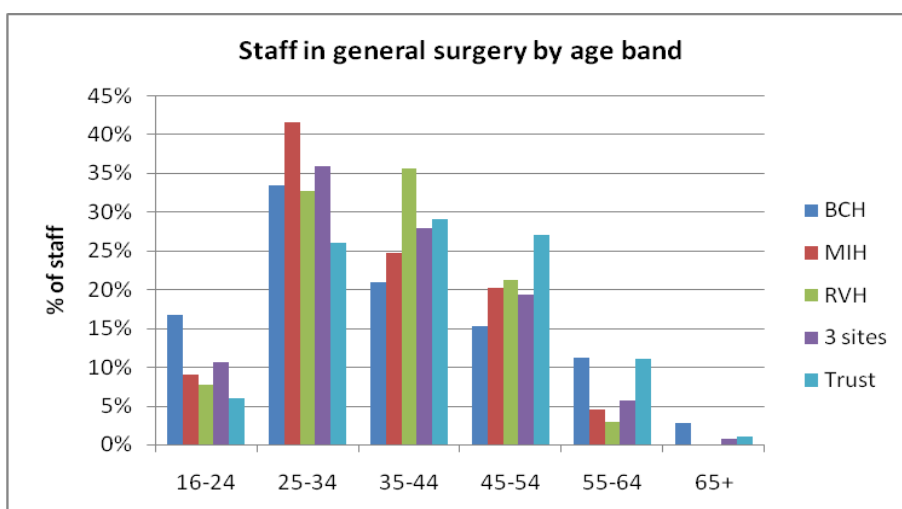


Figure 9: Staff by age band

Religion

Figure 10 shows the community background of staff. Overall, there are 42% Protestants (53% City, 34% Mater and 42% Royal), 53% Roman Catholics (44% City, 57% Mater and 56% Royal) and 5% Other or Unknown (3% City, 9% Mater and 2% Royal). In the Trust as a whole 48% of staff are Roman Catholic, 45% Protestant and 7% Other or Unknown. There is a higher proportion of Roman Catholic staff at the Mater and Royal hospitals than in the Trust as a whole.

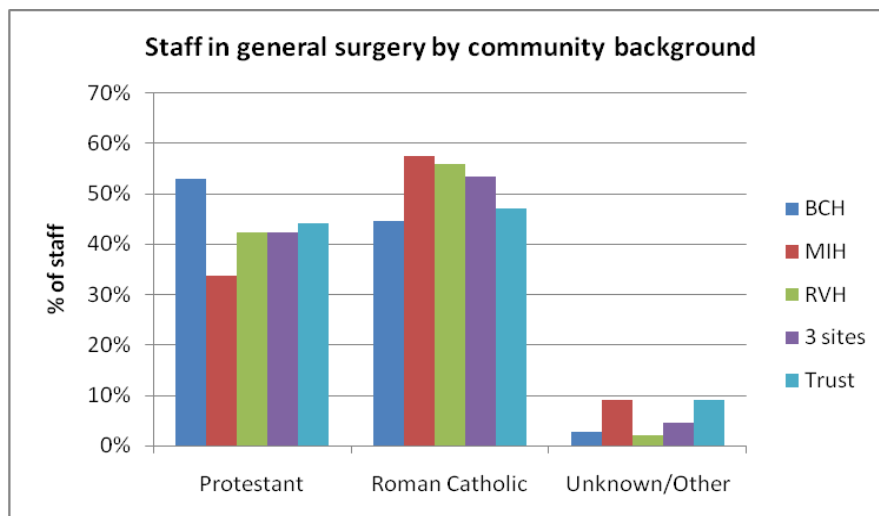


Figure 10: Staff by community background

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.

Marital/Civil Partnership Status

Figure 11 shows the marital status of staff. Overall, 56% are Married (51% City, 60% Mater and 57% Royal), 40% Single (48% City, 36% Mater and 38% Royal) and 4% Other or Unknown (1% City, 4% Mater and 5% Royal). This profile is similar to that of the Trust, where 55% of staff are recorded as married, 39% as single and 6% other or unknown.

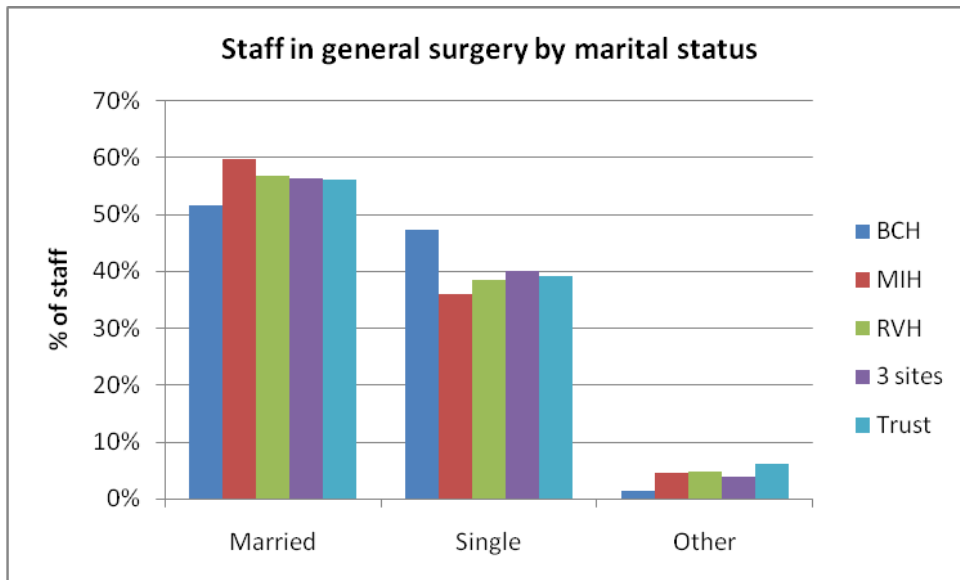


Figure 11: Staff by marital status

Disability

Only one member of staff has stated that they have a disability. This is 0.4% of the total, compared to the Trust figure of 2%.

Ethnic Group

In general surgery on the three sites ethnic origin is not recorded for 6% of staff, 83% are White and 11% Other Races. In the Trust as a whole 72% stated that they were White, 4% Other Races and 24% provided no information. The proportion of staff who are not white is higher than in the Trust as a whole.

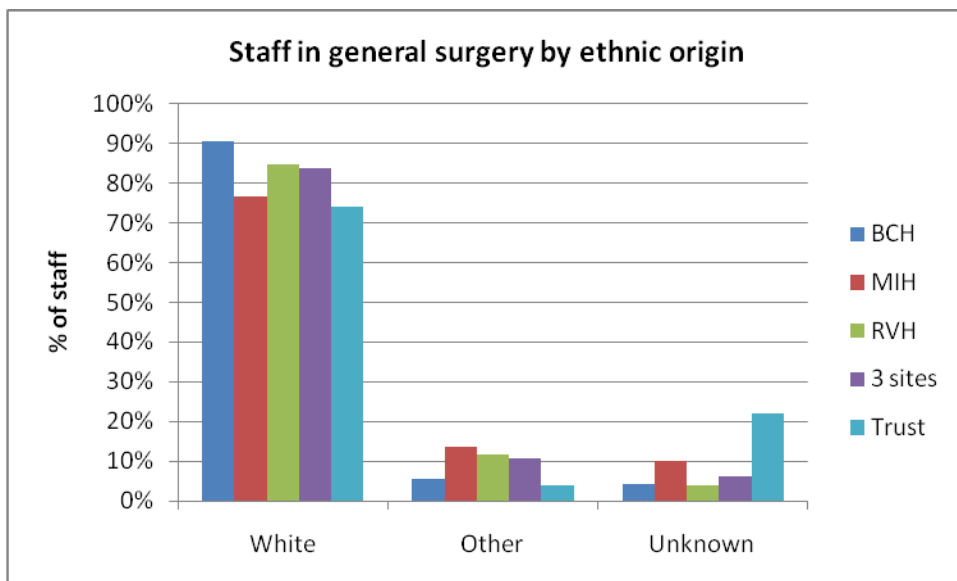


Figure 12: Staff by ethnic origin

SECTION 5
CONSIDERATION OF ADVERSE IMPACTS

- 5.1 Scope
- 5.2 Equality Screening Outcome
- 5.3 Assessment of impact on Section 75 Groups – Patients
- 5.4 Assessment of impact on Section 75 Groups - Staff

CONSIDERATION OF ADVERSE IMPACTS

5.1 Scope

The scope of this Equality Impact Assessment is the reconfiguration of adult general surgery in Belfast's three acute hospitals, with the Trust's preferred option being:

- Specialist units for colorectal surgery and oesophagogastric surgery in Belfast City Hospital
- A specialist unit for hepatobiliary surgery in the Mater Hospital.
- A specialist unit for the delivery of short-stay general surgery in the Mater Hospital.
- The creation of a single entry point for all emergency surgical patients at the Royal Victoria Hospital.

5.2 Equality Screening Outcome

Following an initial equality screening carried out by representatives of Acute Services and the Trust's Health Inequalities Department, it was decided that the proposed service enhancement should be subject to a full Equality Impact Assessment.

5.3 Assessment of impact on Section 75 Groups – Patients

Gender

There is a higher proportion of males among general surgical patients (51%) than in the population as a whole (47%). There is therefore potential for a differential adverse impact on men compared to women.

Age

Both elective and emergency patients have an older age profile than the population in general: 42% of elective patients and 34% of non-elective patients are over 60, compared to 23% of the population as a whole. Emergency surgery has a particularly high proportion of over-80s, with 10% of patients falling into this category. There is therefore potential for a differential adverse impact on older people.

Religion

The overall proportion of Protestants and Roman Catholics is comparable to the population as a whole (patients are 52:44 P:RC, compared to 54:42 in the population). The profile of each hospital is somewhat different, however, reflecting the catchment area of each site. There is a high proportion of Protestants among patients at the Mater Hospital (58% Protestant, 38% Catholic) and among City Hospital elective patients (61% Protestant, 34% Catholic), and a higher proportion of Roman Catholics (50% Catholic, 47% Protestant) among elective RVH patients. RVH and BCH non-elective patients have a similar profile, as would be expected due to the alternate take system, with a higher proportion of Roman Catholics than in the population as a whole (48% Protestant, 47% Catholic).

There is therefore potential for a differential adverse impact on:

- Protestants as users of the Mater Hospital for emergency surgery
- Roman Catholics as users of the City Hospital for emergency surgery and the Royal for elective surgery.

Political Opinion

The Trust does not have any means of identifying its patients' political opinion.

Marital/Civil Partnership Status

The Trust does not consistently record its patients' marital status.

Dependent Status

The Trust does not record its patients' dependent status.

Disability

The Trust does not record its patients' disability status.

Ethnic Group

The Trust does not directly record its patients' ethnic group; however, the profile of requests for interpreters can serve as a proxy for the ethnic minorities who are not fluent in English. Figure shows that 62% of interpreter requests from all specialties combined are for Polish, Cantonese or Mandarin, suggesting that these are the ethnic groups not competent in English most likely to be affected by any change in the provision of services.

Sexual Orientation

Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)

5.4 Assessment of impact on Section 75 Groups – Staff

Gender

The workforce on all three sites is predominately female (90%). This is higher than the Trust workforce as a whole, where the female to male ratio is 79%: 21%. The proportion of women in all three sites is similar. 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. In the areas under review 75% are under 45 and 25% are 45 and over. There is some difference between the sites: RVH 77%, MIH 75%, BCH 71% under 45. The age profile of staff means that any staffing reorganisation may have an adverse impact on younger staff.

Religion

The staff profile for the Trust is 45% Protestant, 48% Roman Catholic and 7% Other/Not Known. In the areas under review there are 42% Protestants (53% City, 34% Mater and 42% Royal), 53% Roman Catholics (44% City, 57% Mater and 56% Royal) and 5% Other or Unknown (3% City, 9% Mater and 2% Royal). There is variation in the religious profile of staff at the three locations with a higher proportion of

Protestants based at the City Hospital and a higher proportion of Roman Catholics at the Royal and Mater Hospitals.

Marital/Civil Partnership Status

The marital status of staff is similar to that of the Trust as a whole (56% married, 40% single compared to 55% married, 39% single for the Trust). There is therefore no potential for the proposal to have an adverse impact on staff of any particular marital status.

Disability

The proportion of staff stating that they have a disability is 0.4% which is lower than in the Trust as a whole (2%). There is therefore no potential for adverse impact on people with disabilities.

Ethnicity

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 areas under review, ethnic origin is not recorded for 6% of staff, 83% are White and 11% Other Ethnic Origins. The proportion of staff who are not White is higher than in the Trust as a whole. The overseas staff are predominantly nurses from the Philippines and India based at the Royal and Mater hospitals respectively.

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.

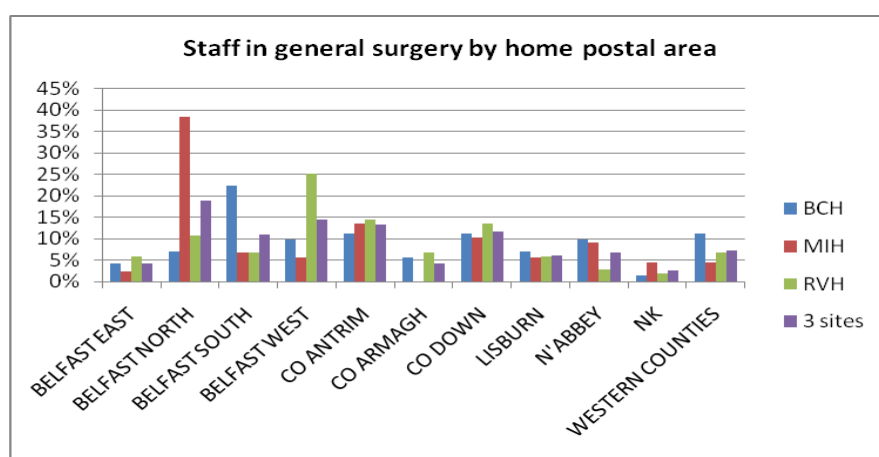
Travel to work

Table 7 shows the postal area of the staff based at each location.

Table 7: Home postal area of staff working in general surgery

AREA	CITY	MATER	ROYAL	TOTAL
BELFAST EAST	4%	2%	6%	4%
BELFAST NORTH	7%	38%	11%	19%
BELFAST SOUTH	22%	7%	7%	11%
BELFAST WEST	10%	6%	25%	14%
CO ANTRIM	11%	13%	14%	13%
CO ARMAGH	6%	0%	7%	4%
CO DOWN	11%	10%	13%	12%
LISBURN	7%	6%	6%	6%
N'ABBEY	10%	9%	3%	7%
NK	1%	4%	2%	3%
WESTERN COUNTIES	11%	4%	7%	7%

Figure 13: Home postal area of staff working in general surgery



The majority of staff at all three locations live in the greater Belfast area. 48% of staff have home addresses in Belfast and a further 13% live in Lisburn and Newtownabbey. In general junior staff are more likely to live close to their place of work with more senior staff travelling greater distances.

SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACTS / ALTERNATIVE POLICIES

- 6.1 Introduction
- 6.2 Service Users
- 6.3 Staff

6. CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACTS

6.1 Introduction

It should be clearly recognised at the outset that this proposal is for a service enhancement: the proposed reorganisation of general surgery represents a significant improvement in the quality of patient care, for both elective and non-elective patients. It enables a clear separation of elective and emergency flows, with emergency patients being streamed into a dedicated unit manned by surgeons with no competing elective commitments, meaning timelier, more focused care for patients with emergency conditions. The concentration of emergency activity in the Royal will mean that the resources in the City and Mater can be primarily focused on delivering care for elective patients, with specialist teams forming centres of excellence for upper and lower GI surgery. Most of the out-of-hours demand will arise in the emergency unit, meaning that rotas can be made sustainable and compliant with the Working Time Directive and junior doctor training can be significantly improved.

However, the Trust also recognises that this represents a significant change in the way general surgery is delivered for both patients and staff, and is committed to taking any reasonable measures to mitigate any adverse impact.

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 reorganisation of general surgery in the Belfast Trust area 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

The above impact assessment noted a differential impact on:

- Men, as more frequent users of general surgical services than women
- Older people, particularly over-80s as frequent users of emergency general surgery
- Protestants as users of the Mater Hospital for emergency surgery
- Roman Catholics as users of the City Hospital for emergency surgery and the Royal for elective surgery
- People of Polish and Chinese ethnic background.

In order to mitigate any potential adverse impact on these groups, the Trust proposes to:

- Develop plans in collaboration with the NI Ambulance Service to ensure that all patients potentially requiring admission to general surgery are brought directly to RVH ED
- Engage with Belfast's General Practitioners to ensure awareness of the conditions that should be sent directly to the Royal
- Engage with older people's groups to ensure awareness of the proposals and an understanding of the new system
- Engage with ethnic minority groups to ensure awareness of the proposals and an understanding of the new system
- Provide accessible information on request to those whose first language is not English
- Inform all patients under the long-term care of one of the Trust's general surgeons if and when their consultant transfers to a different hospital site

- Develop a communication plan including but not limited to the above points to ensure all appropriate stakeholders are made fully aware of any changes prior to implementation.

6.3 Staff- Mitigation

The proposal to reorganise services will impact on those staff currently working in the Royal, Mater and City Hospitals. Some staff may need to move to another location 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 three sites as some staff will be needed to move from one site to another if they want to remain within their chosen specialism. The postcode analysis shows that in general non specialist staff 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, Publication and Monitoring

7.1 Formal Consultation

The public consultation on the reorganisation of general surgery opens on **5 July 2010** and will close on **31 October 2010**. Any group or individual wishing to participate is invited to obtain a copy of the consultation document from the Trust website:

<http://www.belfasttrust.hscni.net/>

Responses to this EQIA can be made using the questionnaire to be found at the end of this document. 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.

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
- An advertisement 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 Consultees listed in the Trust's Equality Scheme
- A copy of this report will be posted on the Trust 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.

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 the 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 reorganisation of general surgery 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 change 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

AHP	Allied Health Professional
BCH	Belfast City Hospital
ED	Emergency Department
EQIA	Equality Impact Assessment
FCE	Finished Consultant Episode
GI	Gastro-Intestinal
HPB	Hepatobiliary
LGB	Lesbian, Gay and Bisexual
MIH	Mater Infirmorum Hospital
NIAS	Northern Ireland Ambulance Service
RVH	Royal Victoria Hospital
SpR	Specialist Registrar
WTD	Working Time Directive

GLOSSARY OF TERMS

Allied Health Profession		A clinical profession distinct from medicine, dentistry and nursing, such as physiotherapy, occupational therapy, speech and language therapy and dietetics
Colorectal surgery		Surgery concerned with the rectum, anus and colon
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
Endocrine surgery		Surgery concerned with the thyroid gland, parathyroid glands and adrenal glands
Working Time Directive		A law seeking to protect the health and safety 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
General surgery		Surgery of a non-specialist nature, including procedures such as hernias and removal of skin lesions
Hepatobiliary surgery		Surgery concerned with the liver, pancreas and bile duct
Lower-GI surgery		See colorectal surgery
Oesophagogastric surgery		Surgery concerned with the oesophagus, stomach and upper intestine
Specialist Registrar		The highest grade of junior doctor, just below consultant level
Upper-GI surgery		Surgery concerned with the upper gastrointestinal tract, including the oesophagus, stomach, liver, pancreas and bile duct



Excellence and Choice in General Surgery

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

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.

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 information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	
Position:	
Organisation:	
Address:	

I am responding (please tick):

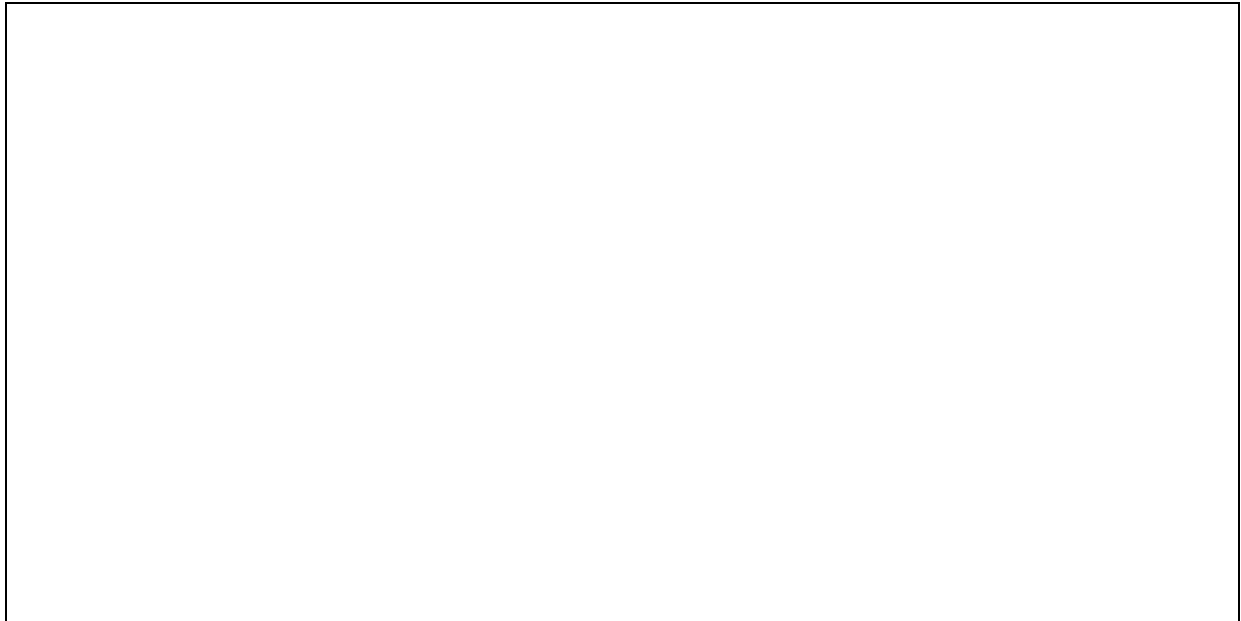
- as an individual**
- on behalf on an organisation**

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

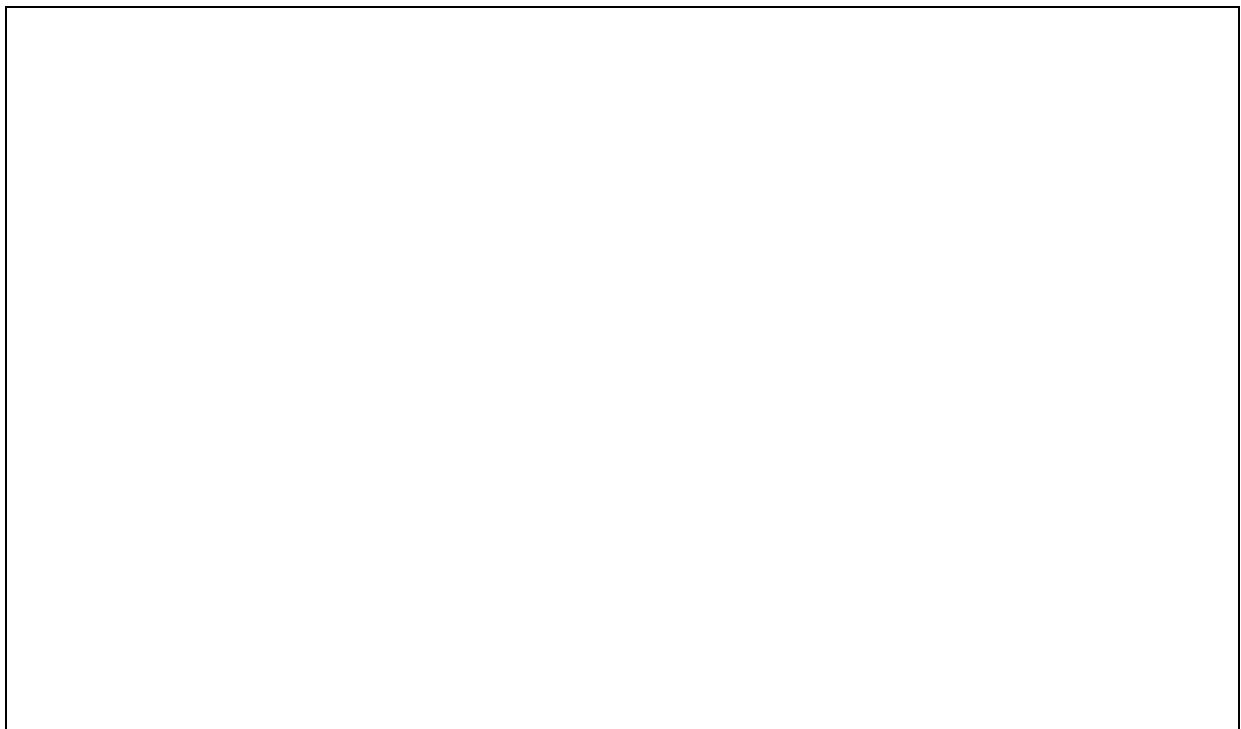
YES NO

If no, please comment:

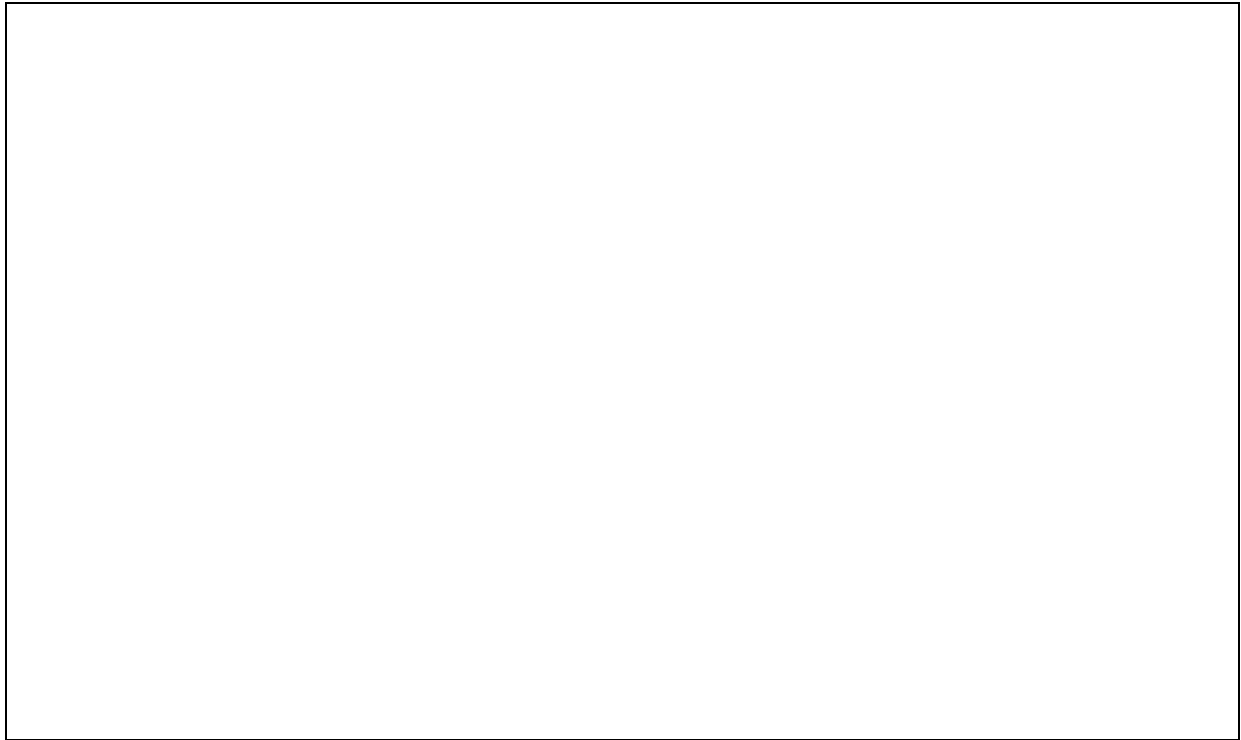
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?



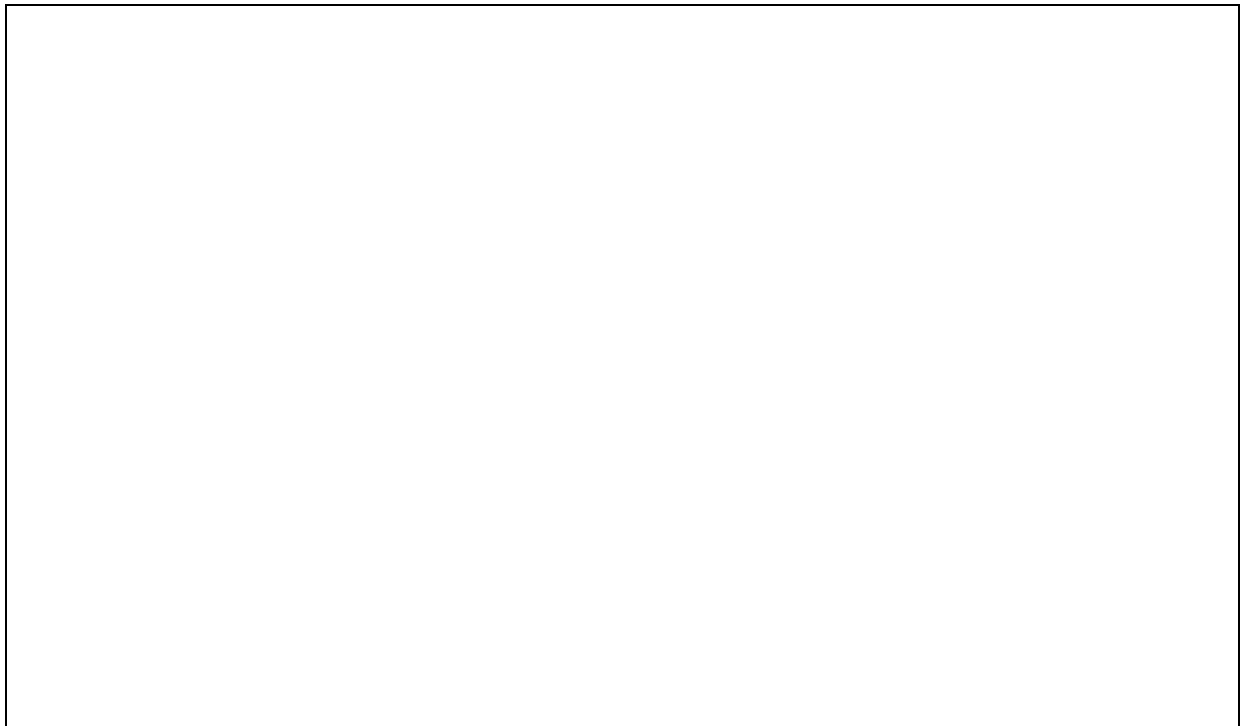
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?



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



The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.



General comments

THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE.

FREEDOM OF INFORMATION ACT (2000) – CONFIDENTIALITY OF CONSULTATIONS

The 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.