



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

GYNAECOLOGY 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 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 sets 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”, for Belfast Way and New Directions¹, 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.

The Belfast Trust is embarking on a process of reviewing how and where we deliver a range of inpatient and day cases Acute Services. The Trust has developed a number of proposals for the future delivery of acute hospital services. These proposals are described in a consultation document entitled “Excellence and Choice in Acute Services” at www.belfasttrust.hscni.net

This paper is an Equality Impact Assessment (EQIA) on the Trust’s Proposal on the future delivery of Inpatient and Day Patient Gynaecology services.

The Belfast Trust is reviewing the current delivery of both elective and non-elective gynaecology services, which are currently provided by all three of the Trust’s acute hospitals (Royal, City and Mater) and is proposing to develop a single, dedicated gynaecology service for Belfast based at Belfast City Hospital.

¹ New Directions is a conversation on the future delivery of health and social care services in Belfast. The Belfast Way sets out a strategic direction for Belfast health and Social Care Trust

The aim of a single service is to facilitate a more focused approach for patients providing an enhanced responsive service than is currently delivered with the service spread over three hospital sites.

A review of options in regard to the future delivery of Inpatient and Day Case Gynaecology services in Belfast was undertaken by a multi disciplinary group of staff, with representatives from each of the Acute Hospitals. A range of options were considered and the advantages and disadvantages of each option identified to enable the Team to conclude on a preferred option. This is detailed in Section 3 of the Report. The Trust is now embarking on a consultation process regarding the preferred option to locate inpatient and day patient cases on the Belfast City Hospital site.

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.

The 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.

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 gynaecology Services and how the future model would work.

Section 3 outlines the options considered 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. It will consider the information to inform us of how this proposal may impact on people from across the Section 75 groups – both service users and staff and assess whether the impact will be differential and possibly adverse.

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

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

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.

The proposal is outlined in the consultation document “Excellence and Choice A consultation on the future delivery of Inpatient and Day Case Gynaecology Services in Belfast” available to down load:

<http://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 Description

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>

The consultation period will run from 5 July – 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.

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.

1.3.1 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.

1.4 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.

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
- Accountability
- Openness and Trust
- Learning and Development.

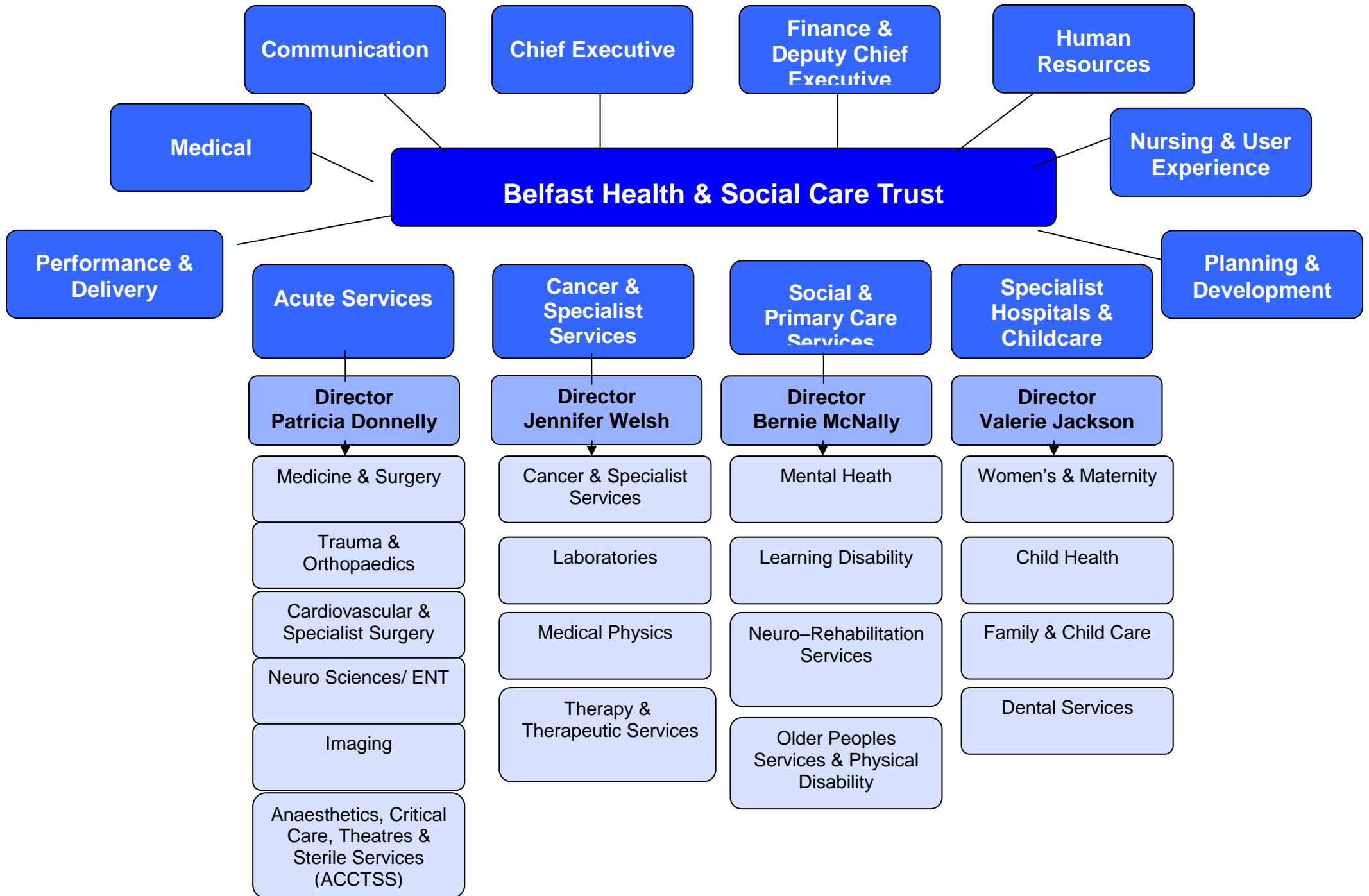
Strategic Objectives:

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 :-



Specialist Hospitals and Childcare services include responsibility for a comprehensive range of acute health services based around the needs of mother and child.

The Trust's Headquarters is situated at :

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Knockbracken Healthcare Park
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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 Current Service Provision
- 2.2 Key Drivers for Change
- 2.3 Future Proposed Model

2 Background/Service Provision

2.1 Current Service Provision

Gynaecology is the branch of medicine that deals with the health of the female reproductive system and genital tract.

The gynaecology specialty comprises six main areas of practice, three of which are sub specialty, i.e Gynaecology Oncology, Uro Gynaecology and Operative Laparoscopic Benign Gynaecology. In addition there are close links to early pregnancy and fertility patient pathways².

Table 1: Current locations where gynaecology services are delivered

Specialty Area	Current Sites
Early Pregnancy Problems (Emergency Gynaecology)	Royal Jubilee Maternity Service (RJMS), Mater
Regional Fertility Services	RJMS
General Gynaecology	RJMS, BCH, Mater
Gynaecology Oncology	BCH
Uro Gynaecology	BCH, Mater, RJMS
Operative Laparoscopic benign Gynaecology	RJMS, BCH
Outpatients	Royal, BCH, Mater

All three of the Trust's acute hospitals Royal Jubilee Maternity Service, Belfast City Hospital and Mater Hospital currently deliver both elective (planned) and non-elective (emergency) gynaecology.

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

- As an inpatient: this is when a patient is admitted to hospital for a period of treatment or to undergo an operation. Patients would stay in hospital for 24 hours or more.
- As a day case: This is when a patient is having treatment which can be performed in a single day, without the need to be admitted for an overnight stay in hospital.

² A patient pathway is the route that a patient will take from their first contact with Health & Social Care member of staff (usually their GP), through referral, to the completion of treatment.

- As an outpatient: This is when a patient has their care provided by a hospital department on an appointment basis without the need to be admitted to or stay in hospital.

All gynaecology services are delivered along two key 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. This will be as either an inpatient or a day case.

Non-elective or emergency: This is when a patient accesses gynaecology services without prior planning, for example, unexpected abdominal pain or bleeding.

There are a number of patient pathways that a woman can follow within gynaecology services. These pathways are outlined below:

Early Pregnancy Problems Pathway

Most emergency gynaecology is pregnancy related and will be treated in a number of ways. A number of patients are currently referred to the early pregnancy assessment clinic (EPAC) for assessment, diagnosis, monitoring and management of the pregnancy. For some women there will be medical management of the loss of pregnancy and for others there will be a requirement for surgical intervention.

These services are currently provided in the Royal Jubilee Maternity Service and Mater Hospital.

Fertility Pathway

This is primarily an outpatient service with a small number of patients undergoing In Vitro Fertilisation (IVF) therapy requiring hospital admission because of Ovarian Hyperstimulation Syndrome (OHS). These patients require intensive monitoring and specific non-surgical treatments and occasionally the services of intensive care specialists.

This service is currently delivered in Royal Jubilee Maternity Service.

Inpatient Pathway

Inpatient gynaecology services involve a number of pathways including:

General Gynaecology – General gynaecology services are currently provided from the Belfast City Hospital, Royal Hospitals and Mater Hospital. The requirement for inpatient gynaecology services is reducing due to more modern diagnosis and treatment techniques, alongside the move to day case and outpatient treatments.

It is anticipated that consultants currently delivering “general gynaecology “ will require less inpatient theatre lists to fulfil service delivery and more day procedure unit (DPU) and outpatient department treatment facilities.

Operative Laparoscopic benign Gynaecology - This service is mostly related to the treatment of severe endometriosis and is currently delivered in Royal Jubilee Maternity Service (RJMS) by an established team.

Gynaecology oncology surgery - This service is currently delivered at the Belfast City Hospital and is responsible for the management of all gynaecology cancers, not just for Belfast but all of Northern Ireland.

The gynaecology oncology service is one of the most advanced cancer services in the UK in terms of laparoscopic surgery and linkages with urology and colo-rectal services. It is anticipated that there will be further advancement in techniques that will modernise service delivery further, for example, the use of robotic surgery.

Uro-Gynaecology - This service is centred at the Belfast City Hospital with a limited service provided in the Mater and Royal Hospitals.

Uro-Gynaecology is a rapidly expanding sub specialty. Although there have been developments in surgical techniques the patients requiring uro-gynaecology services generally have an older age profile and therefore have an increased requirement for more intensive nursing and have a longer recovery time.

At the Belfast City Hospital uro-gynaecology is located with gynaecology oncology surgery as there are linkages between the two services.

Outpatient Services

Outpatient gynaecology services are currently provided at all three hospitals, Royal Jubilee Maternity Service, Belfast City Hospital and Mater Hospital. In addition, a colposcopy outpatient clinic is provided within the Bradbury Wellbeing and Treatment Centre. This service will remain continue to be provided locally.

Activity Data

Gynaecology services are provided in four ways, outpatients, outpatients with procedures, day cases and inpatients. Across the three sites activity levels are as follows:

- 71% of all attendances are at outpatient clinics;
- 10% of all attendances are at outpatient with procedure clinics;
- 6% of all attendances are for day case procedures; and
- 13% of attendances are for inpatient procedures.

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

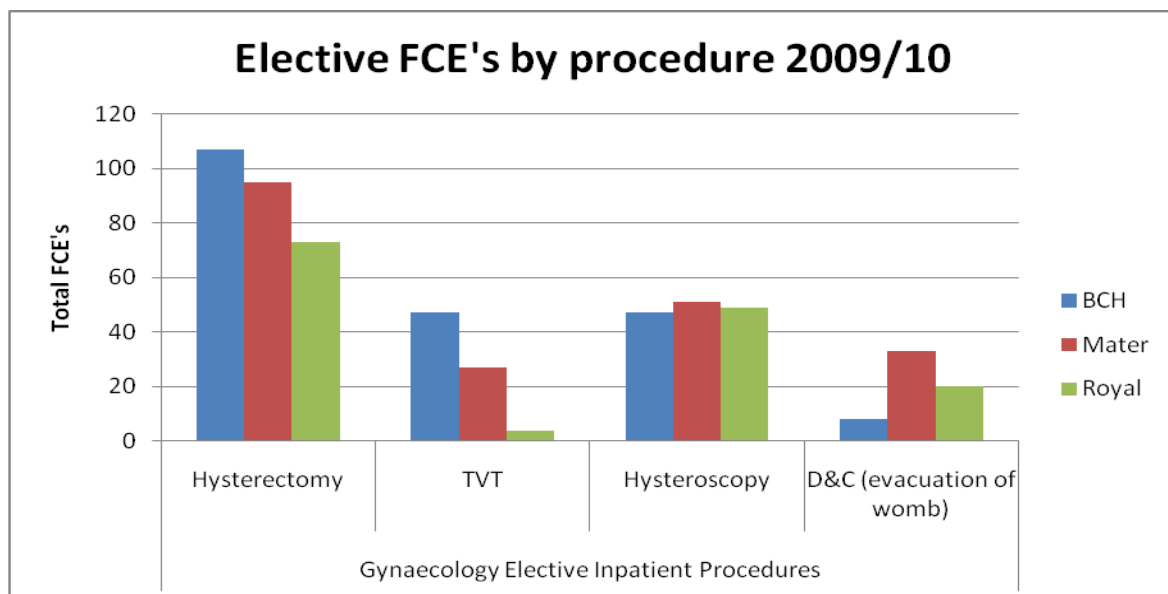


Figure 1: Gynaecology elective inpatient Finished Consultant Episodes(FCE's) by procedure 2009/10

2.2 Key Drivers for Change

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the current high quality gynaecology services, ensuring that patients consistently be treated by the right person, in the right place, at the right time.

Meet Public Expectation for Improved Service Quality

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of the gynaecology service is to deliver safe, effective and sustainable services into the future. In order to ensure that the public expectation for access to modern, efficient services is achieved there needs to be ongoing review of how and where services are provided. The ability to provide improved service quality in gynaecology will be enhanced by providing services from one location facilitating the development of a specialist gynaecology unit.

Drive Forward Service Modernisation

The gynaecology service is a predominantly elective specialty. Modernisation of gynaecology services has been an ongoing process as surgical and treatment techniques have developed. In order to continue modernising, the gynaecology service has reviewed and reformed delivery of its service. Measures put in place have included:

- Continuing to reduce length of stay. In 2008/09 the average length of stay across the three hospitals, the Royal Hospitals, Belfast City Hospital and the Mater Hospital, was 2.8 days. This reduced in 2009/10 to 2.6 days. It is anticipated that this will reduce further as ongoing modernisation of the service takes place;
- Admission on day of procedure. At present admission on day of procedure varies across sites, for example, in Belfast City Hospital 26.7% of patients were admitted on day of surgery with 47.5% in Mater Hospital and 56.8% in the Royal Hospitals. Work is ongoing to increase these figures across all hospitals;
- Increasing the number of procedures that take place as day procedures. 71% of hysteroscopies and dilation and curettage cases are currently carried out as day cases and this is planned to increase to 95% by 31st March 2011. 50% of laparoscopies are

currently carried out as day cases and this is planned to increase to 70% by 31st March 2011.

As surgical and treatment techniques and skills are developed in the future there will be an increase in the number of patients treated as day cases and as outpatients with procedures. In addition, the increased use of pre-assessment clinics, admission on the day of surgery and reduced lengths of stay will result in a decrease in demand for inpatient beds.

In addition, general gynaecologists need the backup and expertise of their consultant colleagues to be available when required and this is more easily achieved on a single site.

Real and sustainable service change can therefore be more fully realised within the gynaecology service if all inpatient and day case activity is based at one hospital.

Address Current Duplication and Service Efficiency

The gynaecology specialty is currently fragmented having developed across three hospitals within Belfast.

The proposed amalgamation of the gynaecology service at one hospital has positive implications for the use of the consultant workforce to deliver a more coherent, efficient service and also gives the service the opportunity to modernise together rather than trying to develop services across three hospitals. The development of one coherent service will also provide opportunities for shared learning and peer support for both junior doctors and consultants.

Locating inpatient and day case services together will enable the gynaecology service to maximise outcomes and resources and reduce any inefficiencies as there will be reduced duplication of services, equipment and overhead costs.

Act on Staff Support

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, 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, and quality of service to the patient.

Improved Clinical Linkages

Some sites have more relevant clinical links than others, for example, gynaecology has close working relationships with urology and oncology. The location of all consultants on one site brings the key benefits of shared expertise and learning for the specialty team which is key to improving outcomes for patients and supports an ongoing program of joint specialty audit and mentoring of new consultant staff.

Delivery on the Working Time Directive (WTD)

Currently there are four junior doctor rotas for gynaecology in the Belfast Trust (covering both gynaecology and obstetrics). Two rotas operate at the Mater Hospital, one for gynaecology and one for obstetrics. There is one gynaecology rota covering both the Belfast City and Royal Hospitals and one obstetric rota at RJMS.

Reorganising services would facilitate (although not totally resolve) the reduction in junior doctors' hours, aid compliance with the Working Time Directive and improve training opportunities and experiences for doctors.

Delivering Compliance on Medical Staff Rotas

The recruitment and training of junior doctors alongside the WTD and service delivery across three sites remains a significant challenge for the Trust. Currently gynaecology inpatient services are managed across three sites, Royal Hospitals, Belfast City Hospital and Mater Hospitals with women being seen out of hours in an emergency situation at two locations, Royal Hospitals and Mater Hospital. Obstetric services are provided at two locations, Royal Hospitals and Mater Hospital.

Reorganising services so that gynaecology emergencies are seen out of hours on the same site as the inpatient service will improve the junior doctor rota as there will be only one site to cover and this will be separate from obstetric provision.

What are the main benefits of reorganising the delivery of these acute services?

- Having identified the key reasons to review this range of services,

there are a number of benefits which need delivered in any proposed change on delivery or location of service. These benefits, summarised into five key themes, guided the work of the project team in their review of acute inpatient and day surgery services and they are:

- 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.

- 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 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.

- 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, gynaecology services benefit from close linkages with urology (for uro-gynaecology), cancer (for gynae-oncology) and colo-rectal services (for major gynaecology).

- 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.

- 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 chronic conditions management;

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 considers their impact on each hospital.

2.3. Future Proposed Model

The gynaecology multidisciplinary team recommended that a single site location for inpatient and day case gynaecology services at the Belfast City Hospital, will best meet the future modernisation and reform of gynaecology services:

BCH would be the centre from which all elective inpatient and day case gynaecology services will be provided which supports the Trust's strategic direction for the development of an elective centre at the Belfast City Hospital. Emergency gynaecology services will also be provided from the BCH.

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

In Section 3 the patient pathways that a woman can follow within gynaecology services were identified. Table 2 below highlights where there will be changes to the provision of gynaecology services.

Table 2: Proposed changes to provision of gynaecology services

Specialty Area	Current Location(s)	Proposed Location(s)
Early Pregnancy Problems Clinics (Emergency gynaecology) 12 weeks pregnant or less	RJMS*, Mater	RJMS, Mater Surgical Procedure: BCH
Early Pregnancy Problems (Emergency gynaecology) More than 12 weeks pregnant	RJMS, Mater	RJMS, Mater
Regional Fertility Services	RJMS	RJMS [Outpatient service] BCH [Inpatients only]
General Gynaecology	RJMS, BCH, Mater	BCH
Gynaecology Oncology	BCH	BCH
Uro Gynaecology	BCH, Mater, RJMS	BCH
Operative Laparoscopic benign Gynaecology	RJMS, BCH	BCH
Outpatients	Royal, BCH, Mater and well-being and treatment centres	Royal, BCH, Mater and well-being and treatment centres

* Royal Jubilee Maternity Service at the Royal Maternity Hospital, Royal Group of Hospitals

The impact of the proposed changes on the 6 pathways is:

2.3.1 Early Pregnancy Problems Pathway

Early pregnancy problems will be treated in a number of ways. The majority of patients due to the nature of their problem will be treated as emergencies. Women who are 12 weeks pregnant or less will be referred to the early pregnancy assessment clinic (EPAC) for assessment, diagnosis, monitoring and management of the pregnancy. These clinics will continue to be provided at RJMS and Mater hospitals.

Decisions regarding the management of pregnancy loss will be made at the EPAC clinics. Women who are 12 weeks pregnant or less and who require a surgical procedure in theatre will normally be managed as a

day case within the gynaecology service. Ideally this procedure will be carried out in a Day Procedure Unit. In the future it is anticipated that gynaecology DPU and inpatient theatres will be located at BCH.

Women with early pregnancy problems not resulting in pregnancy loss will remain within the maternity service.

Approximately 1% of early pregnancy loss is due to ectopic pregnancy. Unless these women require immediate intervention they will be transferred to the gynaecological unit at the Belfast City Hospital. Appropriate guidelines will be developed to ensure the correct management of these patients.

2.3.2 Fertility Pathway

A number of women undergoing fertility treatment will require admission due to complications such as Ovarian Hyper Stimulation Syndrome. It is anticipated that these women will be seen within the gynaecology service located at the Belfast City Hospital

The concentration of nursing services for the other surgical specialties will ensure that these patients are nursed in an environment where there is a higher ratio of nurses to patients.

The Regional Fertility Clinic (RFC) medical specialists have a rota system to manage these patients and this will continue no matter where the inpatient service is delivered.

2.3.3 Inpatient Pathway

General Gynaecology - It is planned that all emergency cases presenting at the Mater Hospital A&E, RJMS admissions and RVH A&E will be redirected to the gynaecology unit at BCH unless requiring immediate intervention or surgery, for example, collapsed ectopic pregnancy.

Operative Laparoscopic benign Gynaecology - This type of surgery would benefit from being in a single unit with other associated surgical services and fits the established clinical linkages at BCH both in terms of the expertise in laparoscopic surgery but also the expertise in urology and bowel surgery.

Gynaecology Oncology Surgery - This service has well established clinical linkages on Belfast City Hospital site and these linkages will be maintained in the proposed future configuration of surgical services.

Uro Gynaecology – It is proposed that urology services will be provided from the BCH. This proposal would further facilitate the development of the uro gynaecology service with both teams of professionals located on the same site. In addition the uro gynaecology service will also be located with the colorectal surgeons and gynae-oncologists with whom there are also strong linkages.

2.3.4 Day case Pathway

Currently 34% of gynaecology procedures are carried out as day cases. As outlined above there will be an increase in the number of gynaecology procedures carried out as day cases in the future. These day cases will be carried out within a dedicated day procedure unit which will be located at the Belfast City Hospital.

Outpatient Services and Outpatient with procedures

Outpatient gynaecology services will continue to be provided at all three hospitals, Royal, BCH and Mater. In addition, the service that is provided within the Bradbury Wellbeing and Treatment Centre will continue and may be developed in the future. This means that women will attend for consultation, assessment and receive their treatment at their outpatient appointment. An example of this is the development of a 'one stop hysteroscopy shop' for women experiencing abnormal vaginal bleeding.

2.3.5 What does this mean for patients?

The development of a single, dedicated gynaecology service for Belfast will facilitate a more focused approach for patients, resulting in a more responsive, higher quality service than is currently possible with the service spread out over three hospitals.

Patients will still attend their local gynaecology outpatient services but will be referred to a single dedicated gynaecology centre at the Belfast City Hospital for all follow-on inpatient and day case treatment rather than referred to a number of different hospitals for different treatments.

In addition, the Belfast City Hospital offers access to other clinical specialties which work closely with gynaecology eg cancer services, urology and colo-rectal services.

The patient environment provided at the Belfast City Hospital would be an improvement in comparison to both the Royal Hospitals and Mater Hospital as accommodation is more modern with more single en-suite rooms being available.

2.3.6 What does this mean for staff?

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

Delivering services from the same site will facilitate (although not totally resolve) the reduction in junior doctor hours and aid compliance with Working Time Directive.

Concentrating services on one acute site establishes gynaecology services as an individual specialty promoting development of skills and expertise. Trainee nursing and medical staff will benefit from exposure to the diversity of gynaecology conditions assessed and treated in the centre of excellence.

SECTION 3

CONSIDERATION OF OPTIONS

3.1 List of Options Considered

List of all options giving identified advantages and disadvantages

3. Consideration of 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 identified and advantages and disadvantages of each option were considered to enable the team to reach a conclusion on the preferred option.

Inherent to this options consideration process is the Section 75 requirement to consult on such a proposal in terms of equality and human rights considerations.

3.1 Proposed Options

- 1 Continue with current service arrangement - Gynaecology inpatient and day case services remain at three hospitals, the Royal Hospitals, the Belfast City Hospital and the Mater Hospital;
2. Deliver all gynaecology inpatient and day case services at the Royal Hospitals;
3. Deliver all gynaecology inpatient and day case at the Belfast City Hospital;
4. Deliver all gynaecology inpatient and day case services at the Mater Hospital.

The key features of the analysis that was undertaken are:

Option 1 – Continue with current service arrangement - Gynaecology inpatient and day case services remain at three hospitals, the Royal Hospitals, the Belfast City Hospital and the Mater Hospital;

Gynaecology inpatient and day case services would remain on three hospitals – the Royal Hospitals, the Belfast City Hospital and the Mater Hospital.

Advantages

- All sites currently provide high quality services;
- All three sites have access to essential clinical linkages. If a linkage is not available on the site then a patient pathway is in place to ensure access.

Disadvantages

- The service is fragmented with some women having to access services across three hospitals, for example a woman attending a general gynaecology service in the Royal Hospitals may then have to attend the gynae-oncology service in the Belfast City Hospital for further investigation;
- Leaving the service on three hospitals is not in line with the Trust strategic direction to reduce fragmentation of services;
- The medical staff rota is split across three sites. This is not a good use of a senior resource because staff have to travel between sites and means they are not as readily accessible to clinical colleagues at short notice;
- Currently there is no access to day case facilities at Mater Hospital resulting in limited ability to develop services there;
- The quality of the physical estate is poor in some of the hospitals with a limited number of single rooms and en-suite facilities being available and wards needing to be refurbished at both the Royal Hospitals and Mater Hospital; and
- Meeting targets when the service is based across three sites is operationally difficult as there are three referral centres to co-ordinate;
- The gynaecology ward in Royal Jubilee Maternity Service is at a distance from other acute services and ambulance transfers are required if patients need other treatment.

Option 2 - Deliver all gynaecology Inpatient and Day case services at the Royal Hospitals

In this option inpatient and day case services would be located at the Royal Hospitals within the main hospital building.

Advantages

- Locating the service within the new main hospital building at the Royal Hospitals would result in an improved environment for service delivery when compared to current accommodation in Royal Jubilee Maternity Service with more space for each individual bed and more single en-suite rooms;
- Concentrating beds on one site establishes gynaecology services as an individual specialty promoting development of expertise;
- Ensuring equity of both service provision and waiting times for all patients by managing patients at one hospital;
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- Locating on the Royal Hospitals would maintain close links to the maternity service and to the sexual and reproductive health (family planning) service which is based on-site;
- Good availability of public transport links – road and bus.

Disadvantages

- The gynaecology service will continue to develop links with urology, oncology and colorectal services. These services are currently mainly based on the Belfast City Hospital;
- There is limited operating theatre capacity availability on the Royal Hospital for the scale of the total Belfast service and there is limited capital available to provide the required infrastructure;
- There is very limited car parking on the Royal site;

- This option is not totally in line with ‘New Directions’. While it would meet the objective of locating inpatient and day case services together the overall direction of the Trust vision was that BCH would become the main elective centre.

Option 3 – Deliver all gynaecology inpatient and day case services at the Belfast City Hospital

In this option inpatient and day case services would be located within the main Tower block of BCH.

Advantages

- The inpatient and day service would be based within the Belfast City Hospital tower. Services would be located on a single floor of the Tower with easy access to theatres and support services;
- Belfast City Hospital offers key linkages for developing the gynaecology service into the future, i.e. links with urology, oncology and colorectal services are located on this site. This will facilitate a more streamlined patient pathway;
- There are plans to re-provide the Day Procedure Unit theatres. This will enable the service to increase day case rates and modernise service delivery further. Capital funding will be required for this development as part of a larger project to replace the Day Procedure Unit at Belfast City Hospital which is currently in poor condition. This will provide the Trust with some additional capacity to increase day case levels;
- Concentrating beds on one site establishes gynaecology services as a gynaecology centre of excellence;
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- Ensuring equity of both service provision and waiting times for all patients by managing patients on one site;
- Excellent accessibility by road, rail and bus;

- A location in the Belfast City Hospital would maintain close links to the to the sexual and reproductive health (family planning) service which is based on-site;
- Car parking not an issue on this site; and
- Meets the Trust objective to reduce fragmentation of services and concentrate elective surgery at Belfast City Hospital.

Disadvantages

- The links to the obstetric service would not be as geographically close as option 2. Cover would continue to be provided to ensure that the necessary links required between the services are in place.

Option 4 – Deliver all gynaecology Inpatient and Day case services at the Mater Hospital.

In this option inpatient and day case services would be located at the Mater Hospital

This option was discussed and it was determined that the key limiting factor for this option is the availability of sufficient space to provide a service in terms of numbers of beds and also availability of theatre capacity. There is also a lack of capital funding to enable appropriate infrastructure to be developed.

In addition there would not be appropriate clinical linkages with urology, the cancer centre or colo-rectal surgery services.

Conclusion

The gynaecology multidisciplinary team recommended that a single site location for inpatient and day case gynaecology services at the Belfast City Hospital will best meet the future modernisation and reform of gynaecology services:

Therefore the preferred option is: Option 3 – Deliver all gynaecology inpatient and day case services at the Belfast City Hospital

In this option inpatient and day case services would be located within the main Tower block of BCH.

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 Belfast Health & Social care Trust
- 4.5 Interpreting Service Requests from Gynaecology Services
- 4.6 Service User Profile by Section 75 Group
- 4.7 Belfast Health & Social Care Trust: Staff Profile

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

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 – Priorities for Action 2008/09 – 2010/11
- Investing for Health Strategy 2002
- Developing Better Services (DBS)
- 2001 Census of Population (Northern Ireland)
- Northern Ireland Statistics & Research Agency (NISRA).

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. (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)
- Equal Opportunities Monitoring System.

4.3 Additional Data Sources

- The EHSSB document ‘Developing Better Services’
- The Royal College of Obstetricians and Gynaecologists (RCOG), Standards for Gynaecology (June2008)
- BADS (British Association of Day Surgery) standards for Daycases.

4.4 Population Profile: Belfast Health and Social Care Trust Area

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 & 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
	Independant	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%
Dependant Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependant Children	30.4%
	No Dependant Children	69.6%

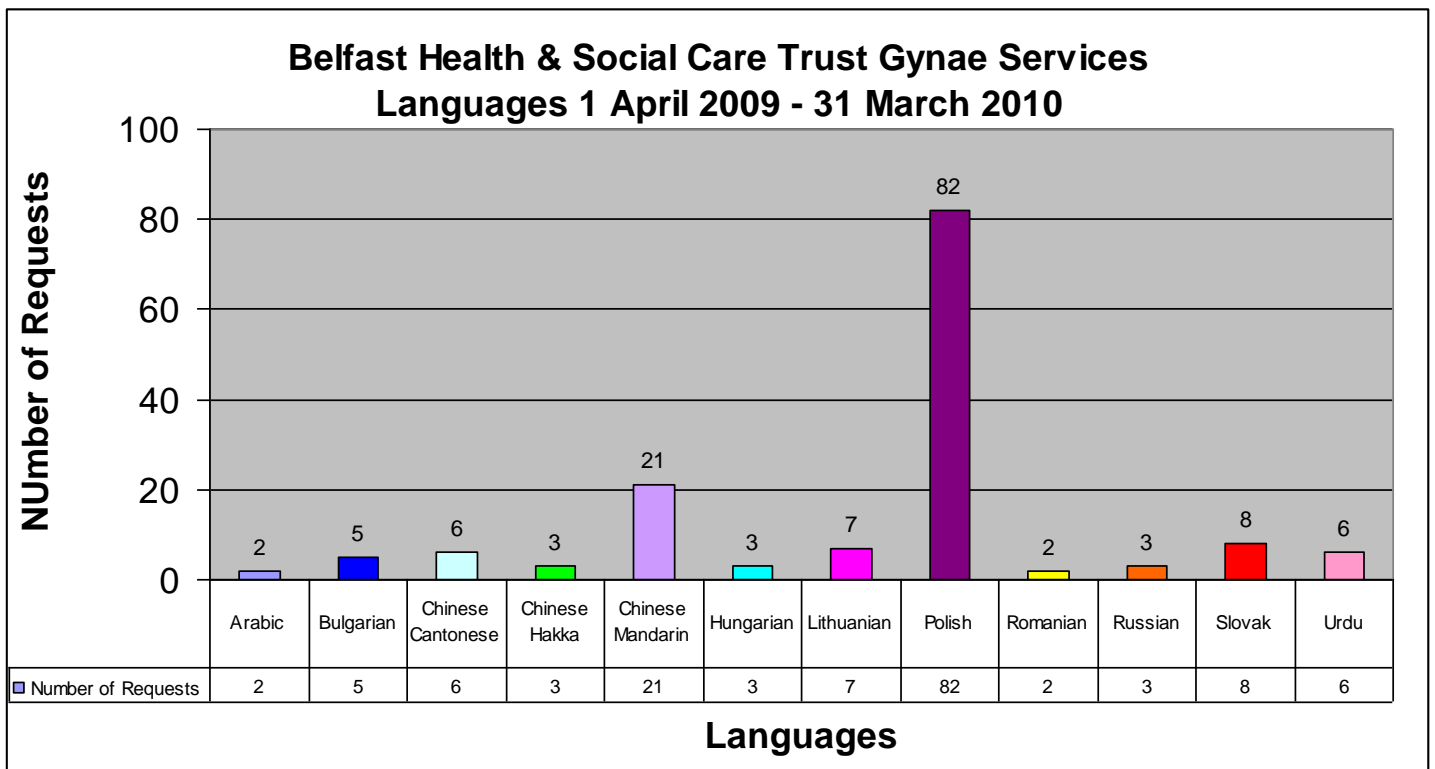
Table 3 cont'd: Belfast & Castlereagh Area Population by Section 75 Group

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%

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

4.5 Interpreting Service Requests from Gynaecology Services

Belfast Health & Social Care Trust Gynae Services
Languages 1 April 2009 - 31 March 2010



The above gives an indication of Gynaecology Users who do not speak English competently; it does not inform on ethnicity. The Trust is

working with local ethnic minority organisations to monitor uptake of services by ethnic minority patients.

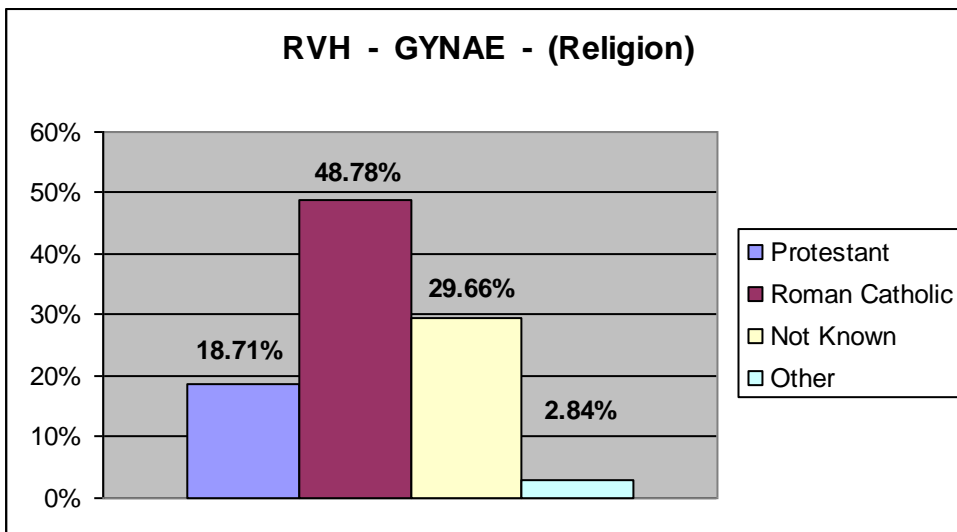
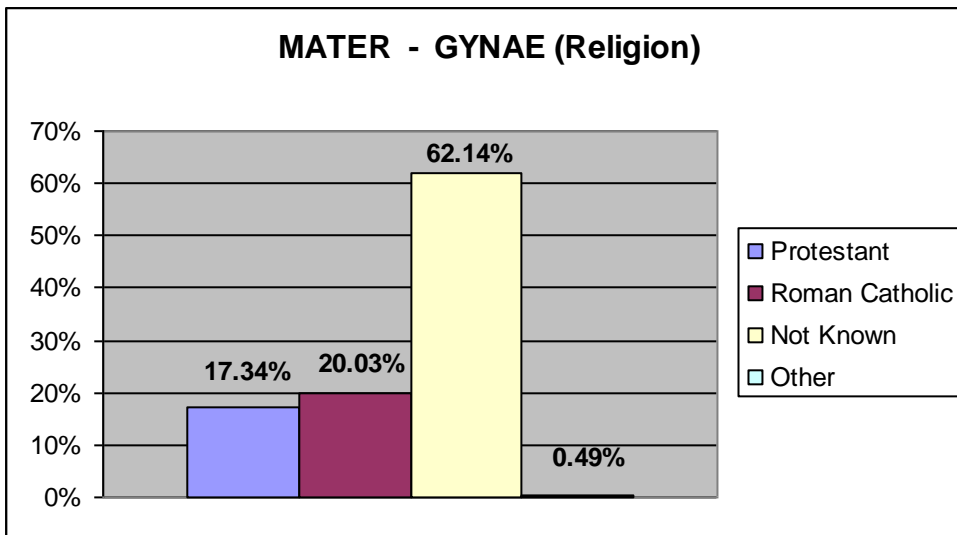
4.6 Service User Profile by Section 75 Group

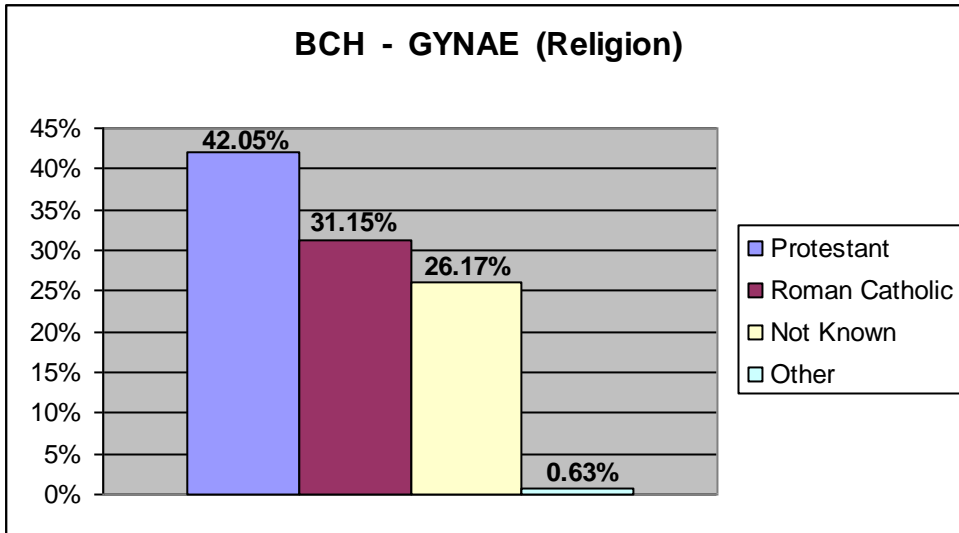
Table 4: B.H.S.C.T. Service User Profile by Section 75 Group

Category	Grouping	City	Mater	Royal		
Gender	Male	Gynaecology Services as the name implies are exclusively for women, therefore any impact beneficial or adverse would affect women.				
	Female					
Age	6-11			0.04%		
	12-18	0.38%	2.11%	1.56%		
	19-26	4.66%	16.86%	15.77%		
	27-35	11.68%	18.58%	32.39%		
	36-45	23.97%	23.18%	28.79%		
	46-60	30.50%	24.90%	14.37%		
	61-70	15.80%	8.91%	3.93%		
	71-80	9.38%	4.02%	2.46%		
	81-90	3.46%	1.44%	0.70%		
	90+	0.16%				
Religion	Protestant	42.05%	17.34%	18.71%		
	Roman Catholic	31.15%	20.03%	48.78%		
	Unknown	26.17%	62.14%	29.66%		
	Other	0.63%	0.49%	2.84%		
Marital status	Married	54.25%	17.62%	16.54%		
	Single	21.06%	11.69%	1.80%		
	Other	0.22%		1.72%		
	Common Law	0.11%	0.10%	1.56%		
	Divorced	6.25%	1.15%	47.79%		
	Not Known	5.76%	66.86%	0.04%		
	Separated	2.85%	0.77%	30.55%		
	Widowed	9.33%	1.82%			
	Civil Partnership	0.16%				
Disability	Disabled	The Trust does not collect data on disability from Service Users. Each patient is assessed for their clinical and medical needs on registering and this would include relating to disability. The Trust will engage with representative groups				
	Not disabled					
	Unknown					

Category	Grouping	City	Mater	Royal
Ethnic origin	White	The Trust does not currently collect data on the ethnicity of Users.		
	Other			
	Unknown			
Political Opinion	The Trust does not currently collect data on political opinion			
Sexual Orientation	Currently being collected. Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)			
Dependant Status	Gynaecology Services do not collect data on dependant status			

Figures 2 - Gynaecology Service Users by Religion



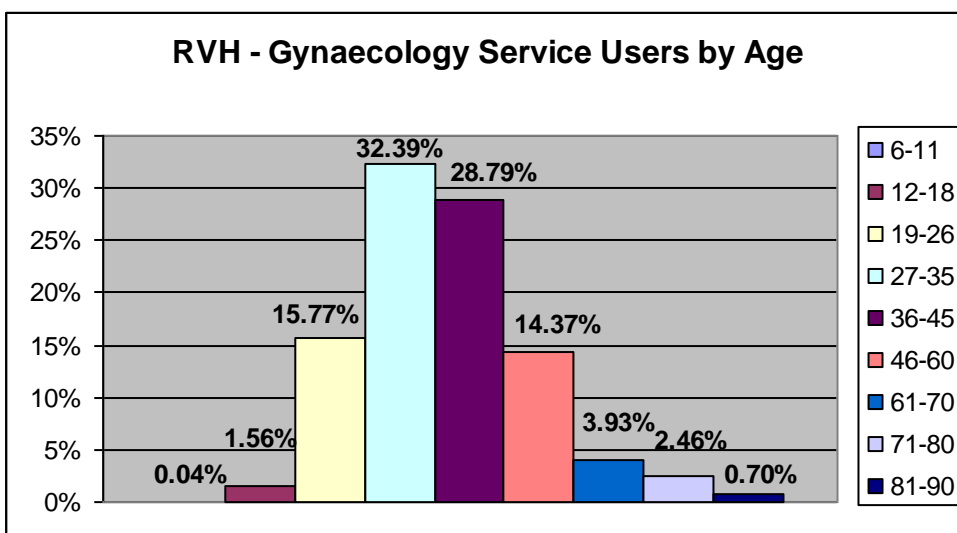
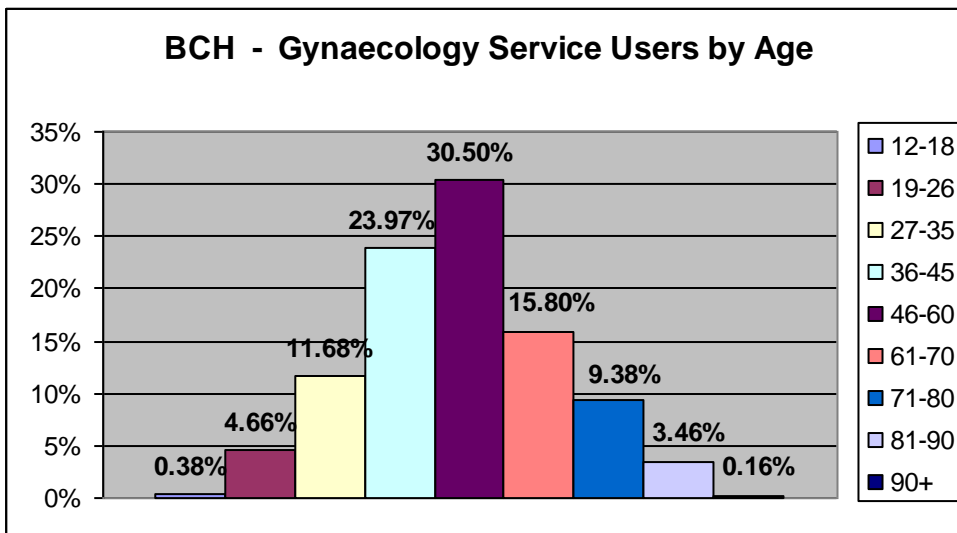
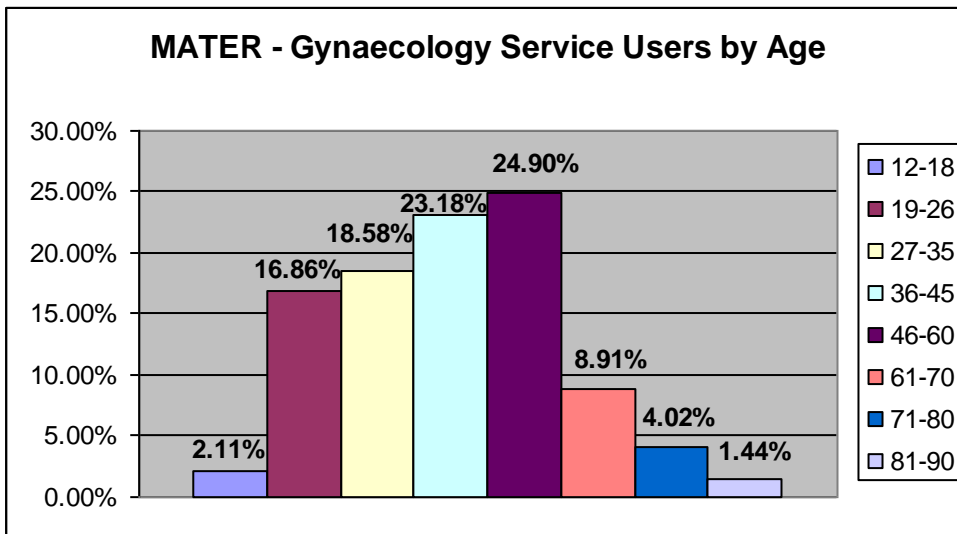


Religion – at the

- Belfast City Hospital, 42% of service users are Protestant, 31% are Roman Catholic and 26% are unknown
- Mater Hospital 17% are Protestant, 20% are Catholic and 62% are unknown
- Royal Hospital, 48% are Roman Catholic, 19% are Protestant and 30% are unknown.

Based on these statistics if services were to be located on one site there would be a differential impact on Protestants. However, there are a significant percentage of users who do not declare which religion they belong to and therefore any assessment of impact on the quantitative data available would not provide a comprehensive reflection of the profile. The Trust would anticipate that the consultation period would yield more qualitative and anecdotal information to substantiate this position.

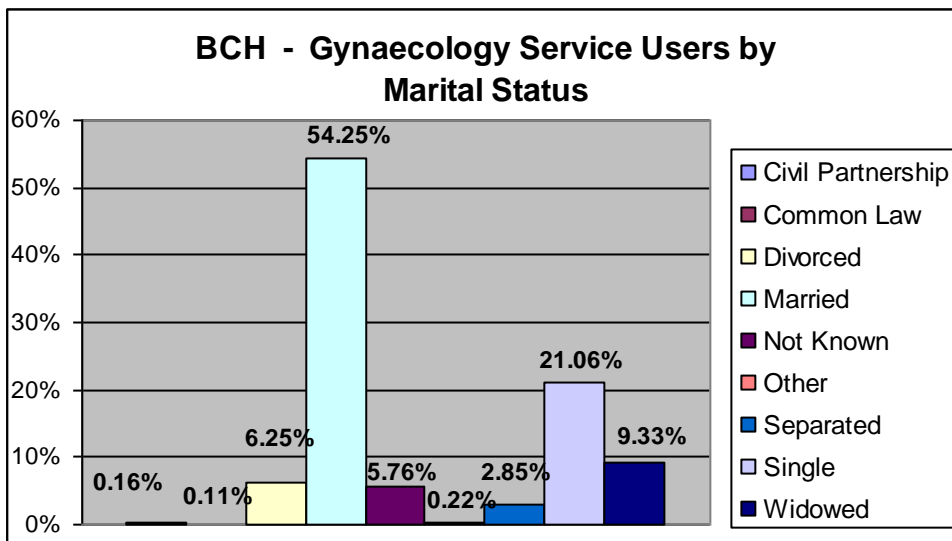
Figures 3 - Gynaecology Service Users by Age

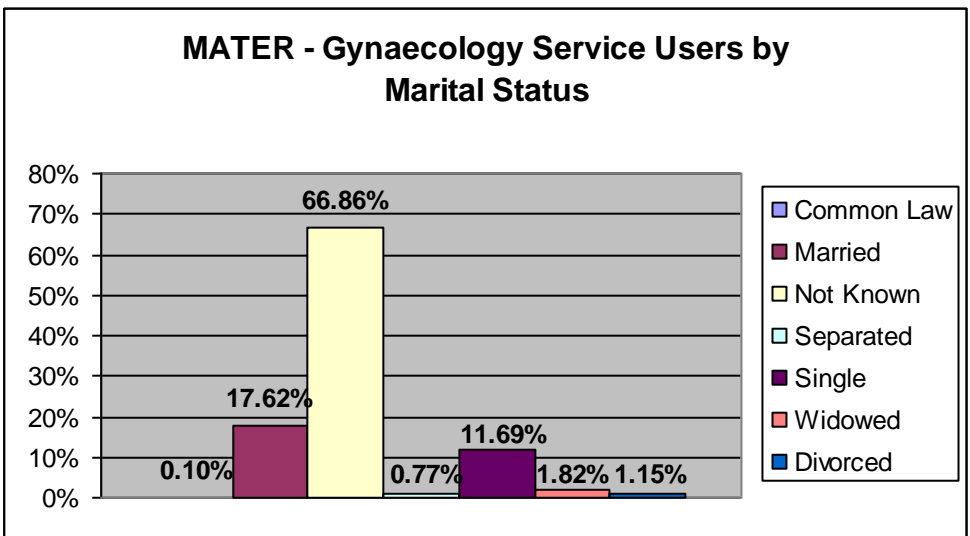
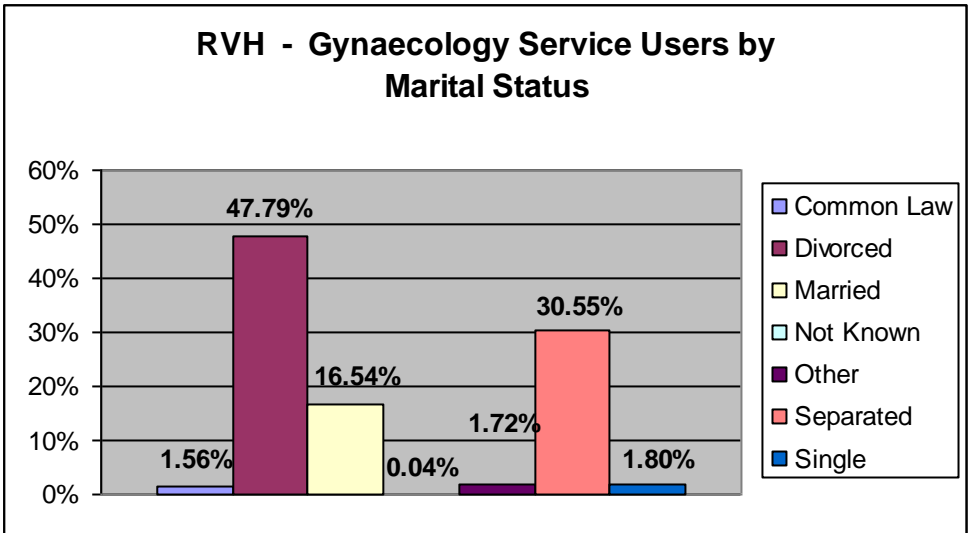


There are two age groups; 36 - 45 and 46 - 60 who are almost equally the largest Gynaecology Service Users of all three sites and therefore are the most likely to be impacted upon by the location of Gynaecology Services. This impact would be likely to affect those who currently attend the Royal, as travel to the Belfast City Hospital would incur a difference of travel distance of 1.5 miles.

AGE	BCH	MATER	RVH
6-11			0.4%
12-18	0.38%	25%	2%
19-26	5%	17%	16%
27-35	12%	19%	32%
36-45	24%	24%	29%
46-60	31%	25%	14%
61-70		9%	4%
71-80		4%	2%
81-90		1%	0.7%

Figures 4 - Gynaecology Service Users by Marital Status





At the:

- Belfast City Hospital 54%, are married, 21% are single, 3% are separated, 9% are widowed, 6% are divorced, 0.1% are Common Law, 0.16% are Civil Partnerships, over 6% are recorded as not known.
- Royal, 17% are married, 2% are single, 31%, are separated, 48% are divorced, 2% are Common law, other 2%, 0.4% are unknown.
- Mater Hospital, 18% are married, 1.82% are widowed, 12% are single 0.77% are separated, 1.15% are divorced, 0.10% are Common Law, 67% are not known.

The Mater has 68% of Users recorded as unknown in terms of marital status this probably relates to the Legacy Trusts different data collecting systems. Based on the data we have, it is difficult to ascertain a majority

status of Users combined on one site. On the basis of the information we have available the only indication of possible adverse impact would be additional travel time to BCH for people with disabilities or those with children who are currently attending the Mater.

Gender

Gynaecology services, as the name implies are exclusively for women, therefore any impact beneficial or adverse would affect women.

Ethnicity

The Trust does not currently collect data on the ethnicity of Users. In the absence of these statistics, the Trust has reviewed the requests from Gynaecology Services for interpreters from the Northern Ireland Health and Social Services Interpreting Services (NIHSSIS) over a twelve month period which, gives an indication of minority ethnic users but, of course, will not capture those who are fluent in English or provide an interpreter from outside the (NIHSSIS).

Dependants

Gynaecology Services do not collect data on dependant status. However given the nature of the service it is may be assumed that a significant percentage of Users will have dependant children. The Trust's consultation process and future monitoring plans will assist in collecting reliable data in the future.

Political opinion

The Belfast Health and Social Care Trust does not currently collect data on 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 3: Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion).

Those with and without a disability

Whilst the Trust does not collect data on disability from service Users, each patient is assessed for their clinical and medical needs on admission and this would include any needs relating to disability.

Sexual Orientation

The Belfast Health and Social Care Trust does not currently collect data on Users for their sexual orientation. Research indicates that 10% of a population is Lesbian, Gay or Bisexual

4.7 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 one hundred and sixty five people, employed in the service under review – forty based at the City Hospital, One hundred based at the Royal Hospitals and twenty-five based at Mater Hospital. This represents a Whole Time Equivalent of one hundred and fourteen posts. The staff includes doctors, nurses and nursing support staff. There is also a number of support staff primarily in Domestic Services and Porterage 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 5: Belfast Health and Social Care Trust: Staff profile by Section 75 Group (Jan 2010 figures)

Category	Grouping	City	Mater	Royal	All Sites	Belfast Trust
Gender	Male	18%	4%	19%	16%	21%
	Female	82%	96%	81%	84%	79%
Age	16-24	5%	0%	2%	3%	7%
	25-34	20%	16%	25%	22%	26%
	35-44	35%	40%	31%	33%	28%
	45-54	20%	20%	27%	24%	27%
	55-64	20%	24%	14%	17%	11%
	65+	0	0%	1%	1%	1%
Religion	Protestant	58%	28%	49%	48%	45%
	Roman Catholic	35%	64%	47%	47%	48%
	Unknown/Other	7%	8%	4%	5%	7%
Marital status	Married	70%	72%	69%	70%	55%
	Single	30%	24%	27%	27%	39%
	Other	0%	4%	4%	3%	6%
Disability	Disabled	0%	0%	3%	2%	2%

Gender

Figure 5 shows the breakdown of staff by gender.

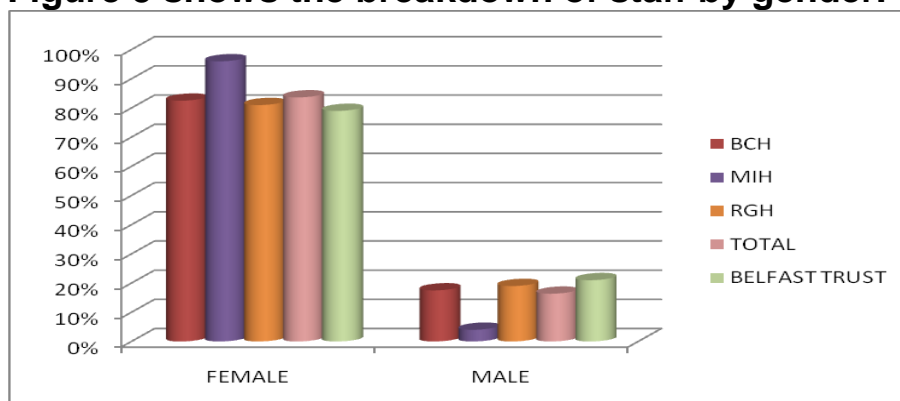


Figure 5: staff by gender

The majority of the staff involved in the service are female (84%) This is similar to the Trust as a whole, (79%)

Age

Figure 6 shows staff by age band.

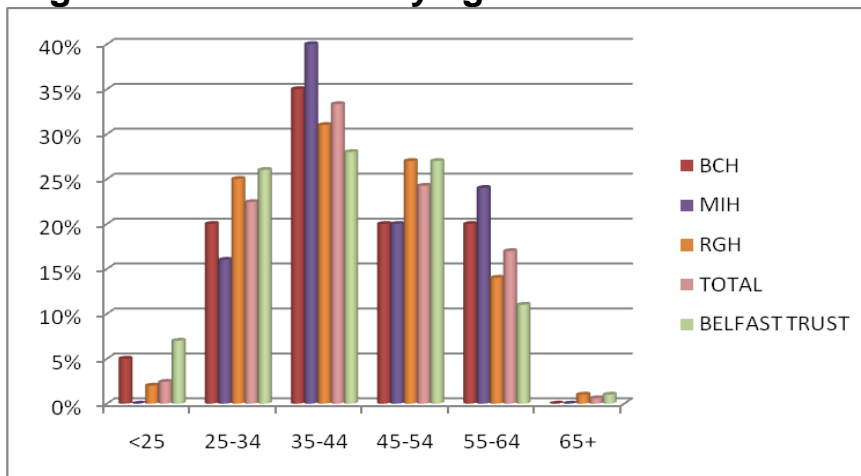


Figure 6: Staff by age band

At the City Hospital 60% of staff are under forty-five and 40% over forty-five. At the Mater 56% are under forty-five and 44% over forty-five and at the Royal 58% are under forty-five and 42% are forty-five and over. For all three locations 58% are under forty-five and 42% are forty-five and over. In the Trust as a whole 61% of staff are under forty-five and 39% forty-five and over.

Religion

Figure 7 shows the community background of staff.

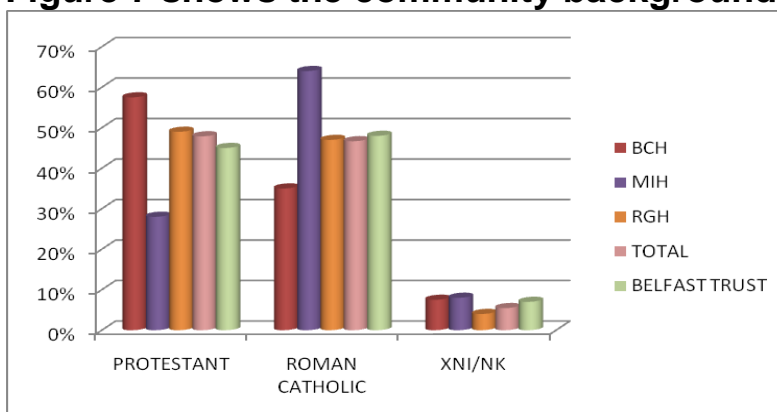


Figure 7: Staff by community background

Overall, there are 48% Protestants (58% at the City, 28% Mater and 49% Royal), - 47% Roman Catholics (35% at the City, 64% at the Mater and 47% at the Royal) and 5% Other or Unknown (7% at the City, 8% Mater and 4% Royal). In the Trust as a whole 45% of staff are Protestant 48% are Roman Catholic, and 7% are Other or Unknown.

Marital/Civil Partnership Status

Figure 8 shows the marital status of staff.

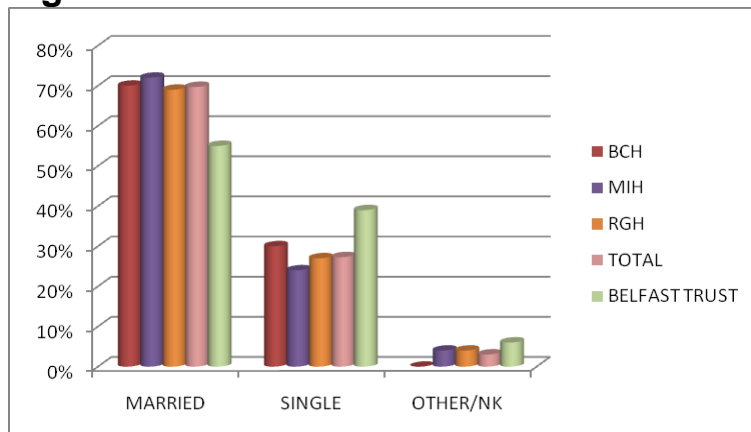


Figure 8: Staff by marital status

Overall, 70% are Married (70% at the City, 72% Mater and 69% Royal), 27% Single (30% at the City, 24% Mater and 27% Royal) and 3% Other or Unknown (0% at the City, 4% Mater and 4% Royal). In the Trust, 56% of staff are recorded as married, 39% as single and 6% Other or Unknown.

Disability

2% staff (all based at the Royal Group of Hospitals) have stated that they have a disability, compared to the Trust figure of 2%.

Ethnic Origin

Figure 9 shows the ethnic origin of staff.

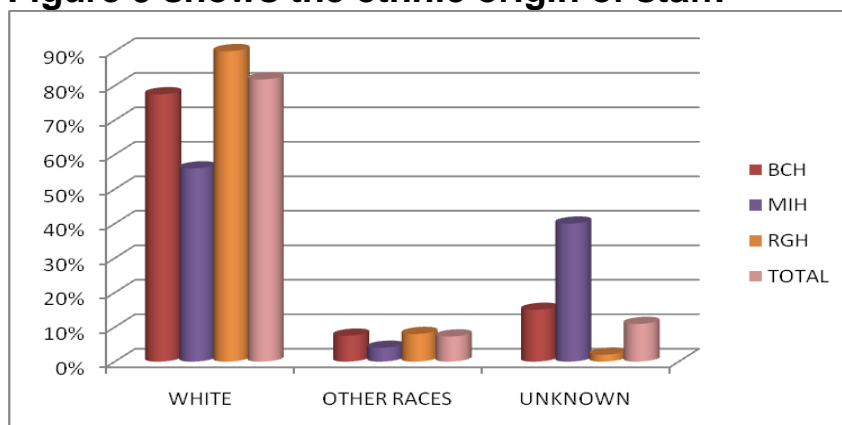


Figure 9: Staff by ethnic group

On the three sites ethnic origin is not recorded for 11% of staff, 82% are White and 7% Other Races. In the Trust as a whole 72% stated that they were White, 4% Other 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 – Patients & Clients
- 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 focuses on the equality and human rights considerations of the proposal to locate inpatient and daycase services within the main Tower block of Belfast City Hospital

5.2 Equality Screening

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

5.3 Assessment of impact on Section 75 Groups – Patients & Clients

Gender – Gynaecology services on all three sites are provided exclusively to women.

Religion – Based on the data the Trust has available:

- Belfast City Hospital, 42% of service users are Protestant, 31% are Roman Catholic and 26% are unknown
- Mater Hospital 17% are Protestant, 20% are Catholic and 62% are unknown
- Royal Hospital, 48% are Roman Catholic, 19% are Protestant and 30% are unknown.

There would be a differential impact for those service users who are Roman Catholic at the Royal and at the Mater - However given the volume of 'not knowns' in terms of religious monitoring, it is difficult to make a comprehensive and full assessment of the potential impact. It is anticipated that targeted consultation will help yield the required information and this will be reflected in the final report (which outlines findings of EQIA process and helps inform the decision-making in regard to the proposal).

Marital Status

Based on the information we have available the only indication of a possible adverse impact would be in terms of travel time on those who were transferring to Services at BCH.

Ethnicity

Gynaecology Services have not recorded the ethnic origin of their Users However, statistics provided by the NIHSSIS give us an indication that there are few Users who are not competent in English.

Dependants

Gynaecology Services do not collect data on dependants but, by the very nature of the service, staff have a deep understanding of women with dependants and their needs and strive to provide any mitigation necessary for the individual.

Age

The largest percentage of Users, across all sites fall within the thirty-six - forty-five and forty-six - sixty age groups; there is no indication that any patient would experience an adverse impact as a result of this proposal with the exception of further travel to BCH if they have been attending the Royal or the Mater Hospitals. (1.5 miles and 2.4 miles respectively)

Political opinion

The Belfast Health and Social Care Trust does not currently ask service users for their political opinion. (See Population Profile: Belfast Health and Social Care Trust -Table 3: Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion)

Those with and without a disability

The Trust does not currently collect data on disability.

Sexual Orientation

The Belfast Health and Social Care Trust does not yet collect this data. Research indicates that 10% of a population is Lesbian, Gay or Bisexual.

5.4 Assessment of impact on Section 75 Groups – Staff

The assessment below is based on a total of 165 staff at three locations (40 based at the City Hospital 100 based at the Royal and 25 at the Mater.) This means that in analysis of specific locations each member of staff on the Mater site accounts for 4% of the total.

Gender

The workforce on all three sites is 84% female. This is similar to the Trust workforce as a whole, where the female to male ratio is 79%:21%. There is some variation between the sites with 83% Female in the City Hospital, 96% in the Mater and 81% in the Royal. This may be related to the fact that a high proportion of the staff are in administrative and nursing posts which have a higher proportion of women throughout the Trust. There may therefore be some potential for adverse impact on women based at the Mater.

Age

At the City Hospital 60% of staff are under forty-five and 40% over forty-five. At the Mater 56% are under forty-five and 44% over forty-five and at the Royal 58% are under forty-five and 42% are forty-five and over. For all three locations 58% are under forty-five and 42% are forty-five and over. This is similar to the Trust as a whole where 61% of staff are under forty-five and 39% are forty-five and over. There is therefore no potential for adverse impact on staff as a result of their age.

Religion

Overall at all three sites, there are 48% Protestants (58% at the City Hospital, 28% at the Mater and 49% at the Royal), - 47% Roman Catholics (35% at the City, 64% at the Mater and 47% at the Royal) and 5% Other or Unknown (7% at the City, 8% Mater and 4% Royal). In the Trust as a whole 45% of staff are Protestant 48% are Roman Catholic, and 7% are Other or Unknown. There is variation in the religious profile of staff at the three locations with a lower proportion of Protestants based at Mater hospital.

Marital/Civil Partnership Status

Overall, 70% are Married (70% at the City, 72% Mater and 71% Royal), 27% Single (30% at the City, 24% Mater and 27% Royal) and 3% Other or Unknown (0% at the City, 4% Mater and 4% Royal). In the Trust, 56% of staff are recorded as married, 39% as single and 6% Other or Unknown. The proportion of staff who are married is higher than in the Trust as a whole.

Disability

2% of the staff, all based at the Royal, stated that they have a disability. This is similar to the Trust as a whole. There is therefore no potential for adverse impact on staff with disabilities.

Ethnic Origin

On the three sites ethnic origin is not recorded for 11% of staff, 82% are White and 7% Other Races. There is a slightly higher proportion of non white staff at the City Hospital (7%) and Royal (8%). In the Trust as a whole 72% stated that they were White, 4% Other and 24% provided no information. There is therefore no potential for impact on staff related to their ethnic origin.

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 young married women who are more likely to have caring responsibilities.

Travel to Work

Table 6 below is based on the Postcodes of the staff at each location

HOME LOCATION	BCH	MIH	RGH	TOTAL
BELFAST EAST	3%	4%	10%	7%
BELFAST NORTH	5%	28%	4%	8%
BELFAST SOUTH	8%	12%	12%	11%
BELFAST WEST	13%	4%	18%	15%
CO ANTRIM	28%	40%	18%	24%
CO ARMAGH	10%	0%	3%	4%
CO DOWN	18%	8%	18%	16%
CO TYRONE	3%	4%	4%	4%
LISBURN AREA	15%	0%	13%	12%
Total	100%	100%	100%	100%

Staff are travelling to all three locations from across Belfast and beyond. The majority of staff at all three locations live in the greater Belfast area with 24% living in Co. Antrim and 16% in Co. Down.

SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES

- 6.1 Mitigation - Patients & Clients
- 6.2 Mitigation - Staff

6 Consideration of measures to mitigate adverse impact/alternative policies

6.1 Mitigation: Patients & Clients –

Introduction

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

The Belfast Health & Social Care Trust considers that a single location for gynaecology inpatient and daycase patients will improve, enhance and modernise the service. Based on a single floor at the Belfast City Hospital would provide easy access to theatres, support services and key links to urology, oncology and colorectal services which are all located on this site. Being based at the City Hospital would ensure a more streamlined patient pathway and collaborative working across the disciplines; sharing specialist expertise and best practice and communication.

The development of a single dedicated gynae service for Belfast will facilitate a more focused approach for patients resulting in a more responsive higher quality service than is currently possible with the service spread out over three hospitals.

Patients will still attend their local gynaecology outpatient services but will be referred to a single dedicated gynaecology centre at the Belfast City Hospital for all follow-on inpatient and daycase treatment, rather than referred to a number of different hospitals for different treatments. The patient environment provided at the Belfast City Hospital would be an improvement in comparison to both the Royal Hospitals and Mater Hospital, as accommodation is more modern with more single ensuite rooms being available.

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 location of Gynaecology Services for both day patients and inpatients at the Belfast City Hospital 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.

Service Users

Gender

Service Users are 100% female therefore any impact or benefit would affect women.

Religious Belief

Based on the statistics available:

- Belfast City Hospital, 42% of service users are Protestant, 31% are Roman Catholic and 26% are unknown
- Mater Hospital 17% are Protestant, 20% are Catholic and 62% are unknown
- Royal Hospital, 48% are Roman Catholic, 19% are Protestant and 30% are unknown.

There is a higher percentage of Protestants who attend the City Hospital and a higher percentage of Roman Catholics who attend the Royal Hospital. The Mater shows 62% 'unknown' therefore it difficult to estimate the exact religious composition of service users.

Given the period of normalisation and current political climate in Northern Ireland, the locations considered in the options consideration process are relatively close in proximity and will help to promote equality of opportunity in terms of access.

The Trust will continue to engage with Community Groups and public representatives in the Belfast area to ensure that the Belfast City Hospital is accessible to all sections of the community. Any changes

will also be the subject of a public awareness and education initiative to ensure people know how to access services appropriately.

Marital Status

The majority of service users whose marital status is known are married. Based on the data available to us married people would be differentially affected by the proposed location of services at the Belfast City Hospital. There is no information available to indicate that this impact would be adverse in relation to marital status.

Age

There are two age groups; 36 - 45 and 46 - 60 who are almost equally the largest Gynaecology Service Users of all three sites and therefore are the most likely to be impacted upon by the relocation of Gynaecology Services. This impact would be on those who currently attend the Mater and the Royal as it may entail longer travel time. However as with marital status, based on the information available, there is no indication to suggest a significant adverse impact. Developments in technology and drug treatments indicate that more gynae procedures will be carried out in out patient clinics in future.

Nevertheless the Trust will work and engage with service users and those groups representing people of different ages, to ensure that any potential adversity is minimised.

Ethnicity

The Interpreting Service statistics indicate the volume of ethnic minority service users who do not speak English competently and cannot therefore inform us of the ethnic origin of Users. The Trust will conduct outreach initiatives to ensure that more individuals from ethnic minorities avail of these services. Gynaecology Services mitigate any adverse impact by providing an Interpreter for any User who needs one and in addition there are appointment letters and cards that can be instantly translated into whatever Language is required as well as a telephone interpreting service which provides immediate interpreting.

Gynaecology Services will also work in partnership with the Health and Social Inequalities Team, Community Development and Health Improvement internally, to look at ways of overcoming any barriers to accessing its Service.

Political opinion

The Trust will continue to engage with political representatives and organisations to ensure that their views and the perspectives of their constituents are taken on board.

Dependant Status

As the nature of any impact on carers will vary depending on the person being cared for, the Trust will engage with carers and carers' representatives during the consultation process to assess their perception of any differential impact and will mitigate as appropriate to the individual.

Disability

Given the relative proximity of the three hospitals under consideration the proposal should not have a major impact on those with physical disability. Additional travel time to BCH for people with disabilities or those with children who are currently attending the Mater and the Royal could possibly be an issue, but again given the relative proximity it is anticipated that this would not be significantly adverse. The Trust will nevertheless engage with relevant representatives, umbrella organisations and other interested parties as part of its public consultation.

The Belfast City hospital site is well served by the public transport network and is deemed accessible in terms of its central location. The Belfast City Hospital has a train station adjacent to it and there is also a free shuttle bus going from the Royal Victoria Hospital to the Belfast City Hospital.

The Mater Hospital is well served by public transport however people coming from south or east Belfast would need to take two separate buses to reach it.

The Royal Hospital is also well served by the bus route however people coming from parts of north, south or east Belfast would need to take two separate buses to reach it.

Sexual Orientation

In order to explore the impact of the proposed changes on this section of the population, the Trust will engage with gay, lesbian and bisexual representative groups as part of its public consultation.

Multiple identity

The Trust recognises that people - service users or staff - do not neatly fit into one Section 75 category – no individual is the same. Therefore pure statistical information does not capture these multi-faceted complexities e.g. a disabled person may present different needs in terms of service provision or a female nurse may have childcare responsibilities and require flexibility in her employment.

This is why the Belfast Trust will not rely solely on quantitative data but rather engage on an individual basis with the service user, carer and family and umbrella organisations ensuring that they receive a sensitive and responsive service.

Gynaecology 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.

6.2 Mitigation: Staff

The preferred option to provide all inpatient gynaecology on the Belfast City Hospital site will impact on staff on all three sites but primarily on staff currently working at the Royal and Mater Hospitals who will have to move location in order to deliver the range of specialist services and to enable them to remain in their current 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 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, publication and 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 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 gynaecology services 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

A&E	Accident and Emergency
BCH	Belfast City Hospital
BHSCT	Belfast Health and Social Care Trust
DHSSPS	Department of Health Social Services & Public Safety
DPU	Day Procedure Unit
EPAC	Early Pregnancy Assessment Clinic
HaN	Hospital at Night
IEAP	Need this
IVF	In Vitro Fertilisation
MDT	Multi Disciplinary Team
MIH	Mater Infirmorum Hospital
OHS	Ovarian Hyperstimulation
PfA	Priorities for Action
RFC	Regional Fertility Clinic
RJMS	Royal Jubilee maternity Service
RVH	Royal Victoria Hospital
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
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
Early pregnancy problems pathway	Early pregnancy problems will be treated in a number of ways. The majority of patients due to the nature of their condition will be treated as emergencies. A number of patients will be referred to the early pregnancy assessment clinic (EPAC) for assessment, diagnosis, monitoring and management of the pregnancy.
Fertility pathway	This is primarily an outpatient service with a small number of patients undergoing In Vitro Fertilisation (IVF) therapy requiring hospital admission because of Ovarian Hyperstimulation Syndrome (OHS).

Operative
Laparoscopic
benign
gynaecology
Gynaecology
oncology
surgery

This service is mostly related to the treatment of severe endometriosis.

This service is responsible for the regional management of all gynaecology cancers.

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 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:

Mrs Orla Barron, Acting Health & Social Inequalities Manager,
 Health & Social Inequalities, 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

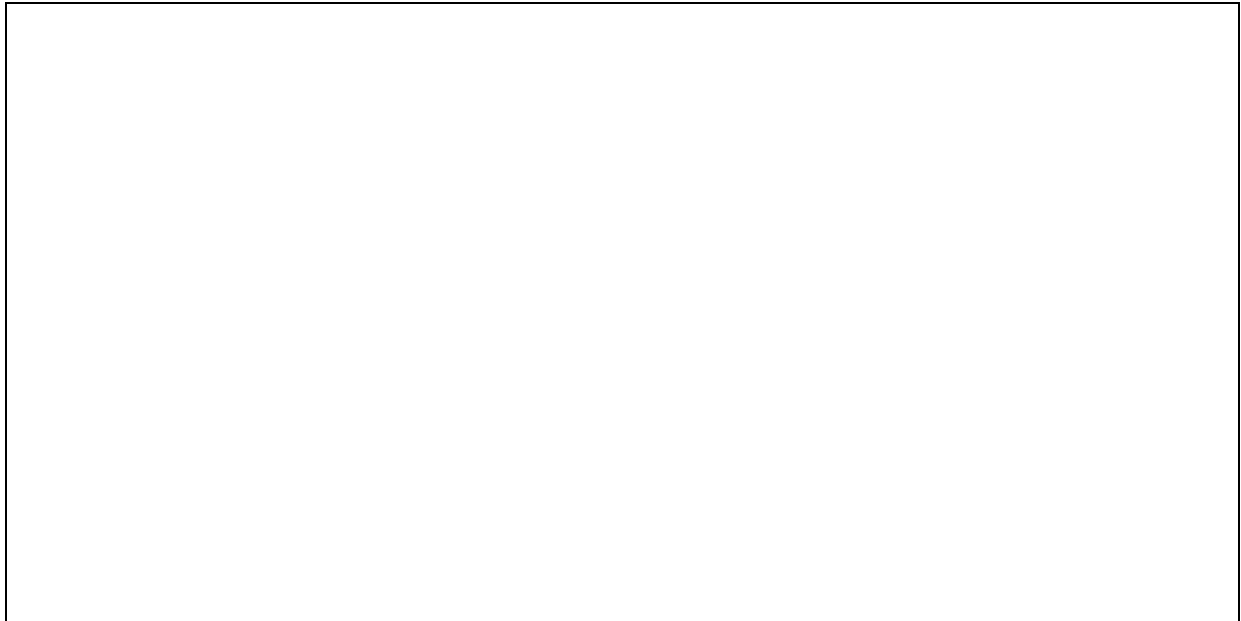
Before you submit your response, please read Appendix A at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

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.

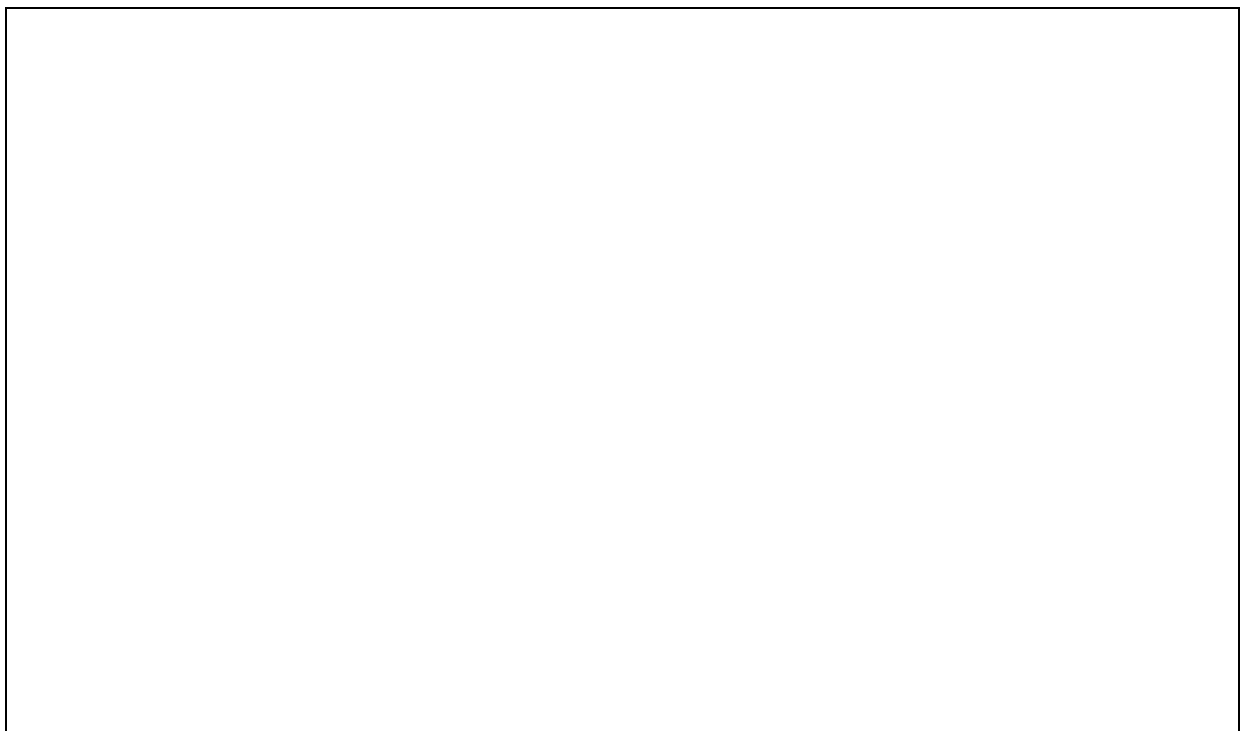
Name:	
Position:	
Organisation:	
Address:	

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

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



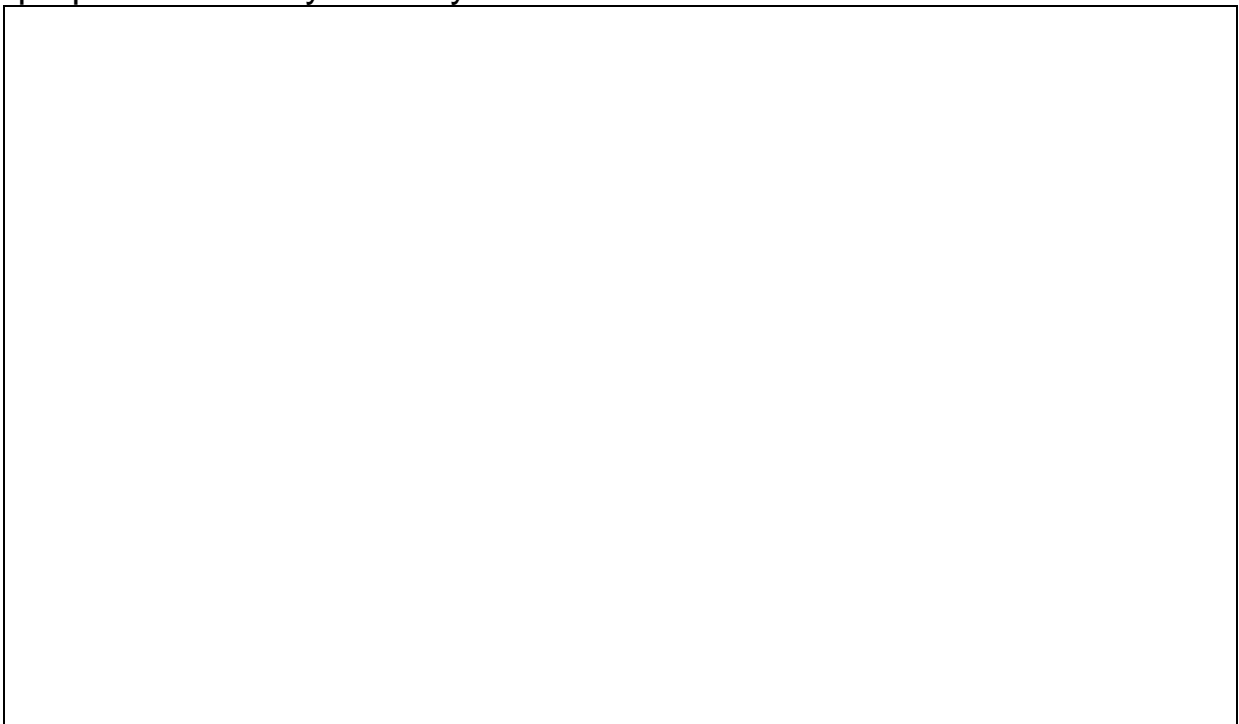
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented.



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

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.

