



Belfast Health and  
Social Care Trust

# Excellence and Choice

**Equality Impact Assessment Document**

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

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

**UROLOGY SERVICES**

Consultation period 5 July 2010 – 31 October 2010

## **Alternative Formats**

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:-

**Orla Barron**  
**Acting Health and Social**  
**Inequalities Manager**  
**Graham House**  
**Knockbracken Healthcare**  
**Park**  
**Saintfield Road**  
**Belfast BT8 8BH**

**Tel: 028 960069**

**Fax: 028 9056 6701**

**Text phone: 028 9056 5330**

**E-mail:**

**[orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)**

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## **EXECUTIVE SUMMARY**

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

The Trust set out in a document entitled “The Belfast Way” its values and objectives for the future delivery of its service to achieve excellence for the people of Belfast. The public consultation “New Directions” in 2008 engaged with the people the Trust serves on how we should deliver services in a faster, more flexible, less bureaucratic, and more effective way.

The Trust has developed a number of proposals for the future delivery of acute services, mainly inpatient and daycase.

These proposals are detailed in a consultation document entitled “Excellence and Choice in Acute Services- Right Treatment, Right Place”.

The Trust is reviewing the current delivery of inpatient and daycase Urology Services in both the Belfast City Hospital and Mater Hospitals and is proposing that the service should be provided from a single site, the Belfast City Hospital. This contributes to the development of the Belfast City Hospital as a major elective centre.

The Trust considered a number of options looking at the benefits and disadvantages of each option regarding the reorganisation of Urology Services.

A screening exercise was carried out on the proposal to reorganise Urology services and the proposal was screened in for a full Equality Impact Assessment. An Equality Impact Assessment (EQIA) is an in-depth study to assess the extent of the impact on the equality of opportunity for the nine categories identified in Section 75 of the Northern Ireland Act 1998. It requires the analysis and consideration of both quantitative and qualitative data.

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

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

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

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

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

Section 3 outlines the option appraisal process and how the preferred option was identified.

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

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

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

The Trust welcomes any comments on Equality and Human Rights that you consider relevant.

More detail on the proposal can be found in the consultation document “Excellence and Choice – Right Treatment Right Place - Urology Services”, available to download at [www.belfasttrust.hscni.net](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 Descriptions

## **1 Introduction**

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

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

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

**Deadline for comments will be: 31 October 2010**

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

### **1.2 Statutory Context Section 75 NI Act 1998**

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

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

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. The Trust submitted its adopted Equality Scheme to the Equality Commission for Northern Ireland (ECNI) in June 2007. The Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75. Following approval of the Scheme, existing policies were screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

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

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

## **Human Rights**

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the convention rights and makes it unlawful for a public body to act incompatibly with the convention rights.

The Trust will make every effort to ensure that respect for human rights, particularly Article 8, parts i and ii, is part of its day to day work and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations and relevant legislation and previous judicial reviews at the core of any decisions or considerations.

### **1.3 The Equality Impact Assessment Process**

An Equality Impact Assessment is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the section in the Guide to the Statutory Duties (Annex 1 – Procedure for conduct of Equality Impact Assessment). Whilst an EQIA must address all 9 Section 75 categories, it does not need to afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

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

This current EQIA shall follow seven separate elements as outlined in the Equality Commission’s guide to Statutory Duties:

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

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

### **1.4.1 Background to the Trust**

The Belfast Health and Social Care Trust (the Trust) was established on 1<sup>st</sup> 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.

### **1.4.2 Trust's Purpose, Values and Objectives**

#### **Purpose:**

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

#### **Values:**

The Trust undertook an engagement process asking a range of people what matters most as we carry out our work. Through dialogue and engagement with Service Users, Carers, Staff, Staff Side and others, four key values were identified :-

- Respect and Dignity

- Accountability
- Openness and Trust
- Learning and Development.

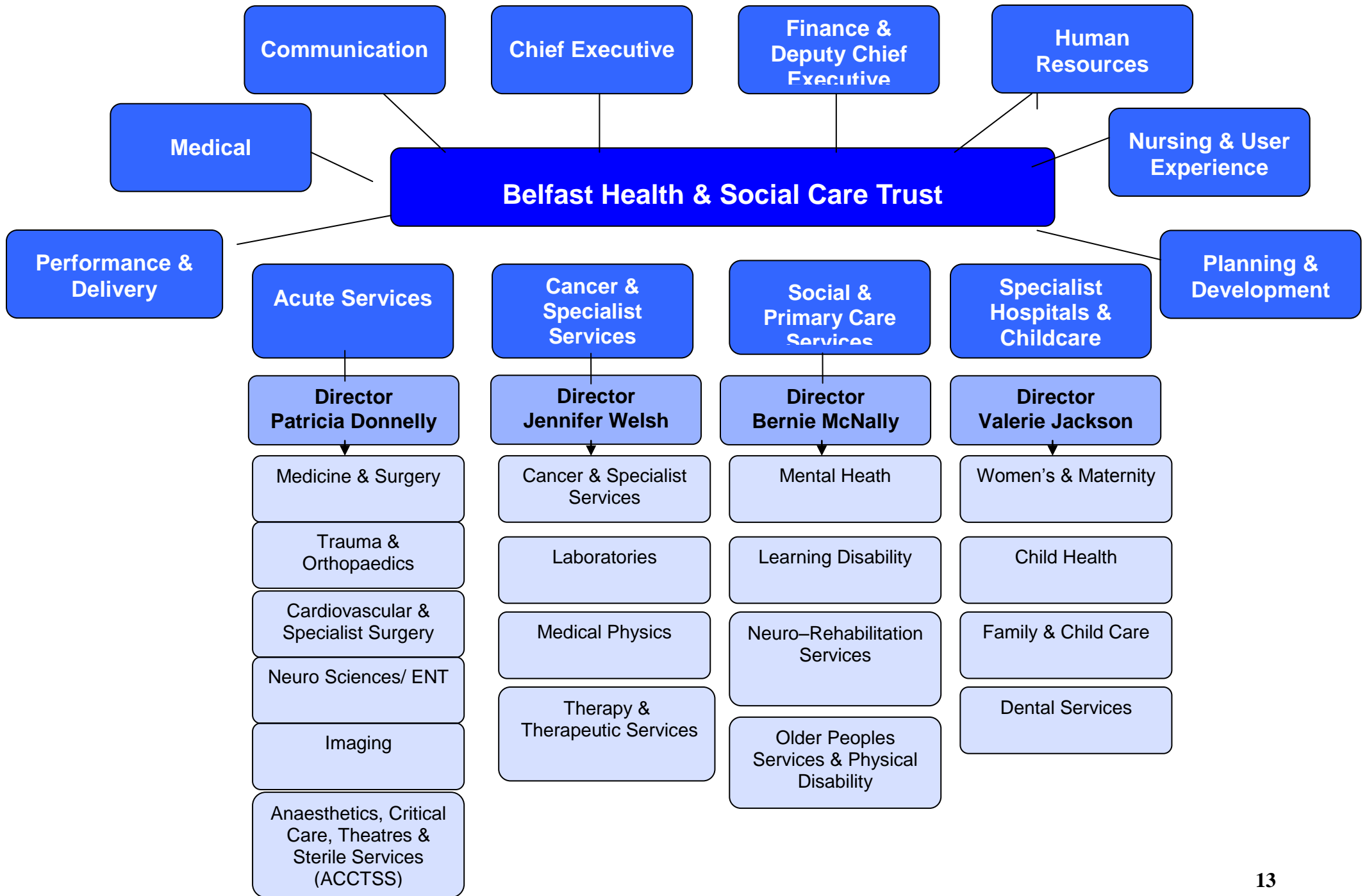
### **Strategic Objectives:**

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 :-



Urology falls within the remit of Acute Services, in the Belfast HSC Trust. This service group is responsible for the development and delivery of services including: Cardiology, Vascular, Thoracic, General surgery and General medicine and Urology.

The Trust's Headquarters is situated at :

Roe Centre  
Knockbracken Healthcare Park  
Saintfield Road  
BELFAST BT8 8BH

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

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

**SECTION 2**  
**BACKGROUND/SERVICE PROVISION**

- 2.1 Current Service Profile: Urology services and the Trust
- 2.2 What is Urology?
- 2.3 Urology expenditure and staffing
- 2.4 Key Drivers for Change
- 2.5 What are the main benefits of reorganising Urology services?
- 2.6 Future Proposed Model

## 2 Background to service provision

Belfast Health & Social Care Trust (the Trust) was Trust 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 new 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 held a public consultation from August to November 2008 on its strategic vision for the future provision of services, *New Directions*. That document outlined a series of principles and proposals for future delivery of health and social care in Belfast, focused on creating an overarching and unified health and social care system, simplifying the delivery of services and reducing unnecessary duplication and fragmentation.

### 2.1 Current Service Profile: Urology Services and the Trust

The Urology multi-disciplinary team is made up of Urology surgeons, anaesthetic and specialist nursing staff, and administration staff. Traditionally the field of Urology was one of the many that was delivered by General Surgery. In the past 30 years Urology has developed and evolved as a separate surgical specialty. Higher specialist training in General Surgery no longer covers Urology, which now has its own training programme.

The current population of Northern Ireland is 1.76 million with a projected rise of 1.89 million by 2018. The greatest increase will be seen in 65+ year age group (2.7%). This is particularly relevant for Urology as it is ageing population that makes heaviest demands upon Urology care (cancer and non-cancer).

### 2.2 What is Urology?

As a specialty, Urology can be sub-divided into a number of special interest areas, most of which also comprise elements of general or 'core' Urology work.

**Core Urology** involves the diagnosis, medical and surgical treatment of diseases of the kidney, bladder and male reproductive organs.

Urologists, regardless of special interest area, all provide core Urology services.

**Uro-Oncology.** Around 40% of Urology work is cancer related and most of the diagnostics and medical or simple surgical treatments are appropriately undertaken outside of the regional centre. Less than 10% of Urological cancers require radical/complex surgery. Specialist cancer services are based in Belfast City Hospital, where there are designated 'cancer' Urologists.

**Stones/Endourology** includes the management and treatment of renal and ureteric stones. This involves open surgery, endoscopic intervention or stone fragmentation using a range of techniques and is provided at the Belfast City Hospital.

**Andrology** includes the treatment of erectile dysfunction, particularly post prostate surgery, penile curvatures and deformities (Peyronie's disease) and other conditions of the male reproductive organs and is provided at both Belfast City and Mater Hospitals.

**Reconstruction:** includes reconstruction of urinary continence in men, bladder reconstruction after oncological surgery and in a neuropathic bladder, bladder reconstruction in congenital and developmental difficulties and reconstruction prior to transplantation. The Consultants in Belfast City Hospital who specialise in this area work closely with the Uro-oncology team and supra regional support is provided by University College Hospital London.

**Female/functional Urology** relates to the management and treatment of incontinence and bladder dysfunction in women, which on some occasions overlaps with reconstruction surgery. Some of this work is undertaken by Urologists at Belfast City Hospital although the majority is undertaken by Uro-Gynaecologists. 83% of the total inpatient and day case service is provided at the Belfast City Hospital with 15% at the Mater Hospital and 2% at the Royal Hospitals. Patients can access the service in one or more of the following ways:

- As an inpatient: an admission to hospital which includes an overnight stay
- As a day case: surgical treatment which is carried out in a single day, without the patient having to stay in hospital overnight

- As an outpatient: care provided on an appointment basis without requiring admission to hospital. Urology outpatient services are not part of this review

Inpatient general surgery can be delivered along one of two key pathways:

- Elective: This is when treatment has been planned and booked in advance, for example a patient who is placed on a waiting list for an operation and then brought into hospital on a prearranged day. This is the majority (90%) of urology work.
- Non-elective or emergency: This is when a patient accesses urology without prior planning, for example via one of the Trust's Emergency Departments.

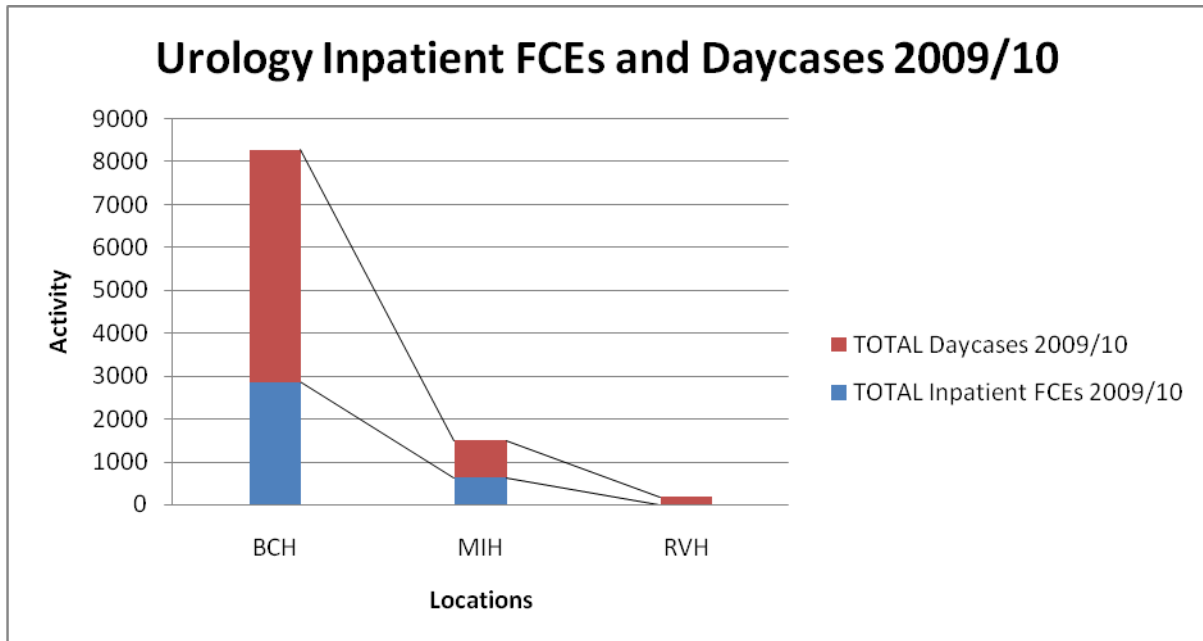
Two of the Trust's acute hospitals, the Belfast City and Mater Hospitals, currently deliver both elective and non-elective Urology inpatient services as well as day case procedures and outpatients. The Royal Victoria delivers day case and outpatients only. The cancer treatment services are primarily delivered at Belfast City Hospital although there is some cancer diagnostic work undertaken at the Mater.

### **2.3 Urology Expenditure and Staffing**

- Urology services are funded for 76.12 whole time equivalent (WTE) staff including consultants, nursing and administration staff
- The average annual expenditure based upon 2009/10 figures for goods and services is approximately £2 million
- Average annual expenditure on salaries and wages also based upon figures is approximately £3.9 million.

Figure 1 sets out the Urology inpatient Finished Consultant Episodes (FCEs) and day case activity across the Trust.

**Figure 1: Urology Activity in Finished consultant Episodes (FCEs) for Elective and Non Elective Inpatients 2009/10**



Source: Belfast Trust Information Department May 2010

## 2.4 Key Drivers for Change

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the existing high quality urology services, ensuring that patients consistently get to the right person, in the right place, at the right time. There are a number of factors that contribute to this proposal to reorganise urology services now. These include the need to:

### Address current duplication and service efficiency

The way in which specialties have developed across Belfast's acute hospitals has resulted in a fragmented system. The Urology services at Belfast City Hospital and the Mater Hospital developed separately whilst a single day surgery session at the Royal Hospitals was established to support the local urology need at this hospital. There is a small consultant base at the Mater Hospital whilst the Belfast City Hospital and Royal Hospitals share a larger team of consultants. Bringing services together would enable services to provide clinical cover more efficiently for example, at present, patients who are diagnosed with cancer at the Mater Hospital are referred to the Belfast City Hospital for their follow on treatment.

### Improve clinical linkages, where possible

Patients who need urology services often have to access other services in the management of their condition. Urology services should have ready access to the specialties of gynaecology and cancer services which is more easily achievable at the Belfast City Hospital. In addition, out of hours urology patients at the Mater are assessed by General Surgery Specialist Registrars whereas, in the Belfast City Hospital, they are assessed by Urology Specialist Registrars.

### Deliver compliance on medical staff rotas

Contractual arrangements for doctors specify the maximum shift length and minimum break entitlements which must be provided on compliant rotas; otherwise non-compliant rotas bring financial penalties on the Trust. In order to implement compliant rotas, Trust must have a sufficient number of doctors in post and this is increasingly difficult in services like Urology that are split across two or more sites, particularly at the Mater Hospital, which has a limited number of consultant staff. Hospitals which do not have compliant rotas are less likely to attract doctors in training and services can become unsustainable.

### Act on Staff Support

The Urology clinical teams in the hospitals believe that there are potential benefits in bringing specialties together in the same hospital to form a dedicated specialist urology unit, for example, ensuring the sustainability of specialist services, flexibility in developing staff rotas, improved access to specialist nursing and other limited resources, improving team working and quality of service to the patient.

### Drive forward service modernisation

The Trust and the Urology service will need to continue improving the efficiency of its service provision, including additional improvements in length of stay, admission on day of surgery and increased day surgery rates. This is particularly important given the tight financial constraints faced by the Trust.

## **National Policy Context**

Darzi report: Healthcare for London made a number of recommendations that are relevant to the Belfast Trust Review of Acute Services. Although Darzi's review was initially on London, the principles enshrined in Darzi's work are currently being rolled out across England and set the context for how healthcare should be delivered in the UK.

- Need to localise where possible and regionalise where necessary
- Need for joined up care and partnership working to maximise contribution of the entire workforce
- There must be a focus on reducing inequalities in health and healthcare.

Recent studies have demonstrated a relationship between both hospital and Urologists workload (volume) and outcome of surgical cancer procedures in England. The key recommendations from NICE are contained within “Improving outcomes in Urological Cancers (IOG) – The Manual (2002)”. The recommendations relate to the requirement to have dedicated, specialist, multidisciplinary Urological cancer teams, making major improvements in information and support for patients and carers, with nurse specialist having a key role in these services, and having specific arrangements in place to undertake radical surgery for prostate and bladder cancer.

### **Local Policy Context**

Developing Better Services was a paper issued by the Department of Health and Personal Safety and Public Services in 2002. It recognised the pressures faced by smaller hospitals to deliver services to modern standards and that further concentration of acute services for patients with more complex conditions will greatly improve quality of care and outcomes of treatment

### **Regional Review of Urology Services:**

A regional review of (Adult) Urology Services was undertaken in response to service concerns regarding the ability to manage growing demand, meet Cancer and elective waiting times, maintain quality standards and provide high quality elective and emergency services. The regional review highlighted concerns about the ability of Urology services as currently configured and resourced to continue to deliver care of the highest standard whilst striving to meet the increasing demand. Existing capacity of Urology Services was the *raison d'etre* behind the review.

## **2.5 What are the main benefits of reorganising Urology services?**

Having identified the key reasons to review Urology services, there are a number of benefits for patients, staff and the hospitals which must be delivered in any proposed change on delivery or location of service.

These were summarised into five key areas, which guided the work of the project team in their review and reorganisation of acute inpatient and day surgery services and they are:

### 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 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 operating 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, Urology patients will potentially need access to Gynaecology and Oncology services.

### 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 Services Plan is compatible with the Trust Strategic Direction

The Trust Strategic Direction, which has been previously publicly consulted upon, for the 4 adult hospitals is:

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and a chronic 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 Urology project team used these benefits criteria to assess how each service option would deliver improvements for patients and staff and considered their impact on each hospital.

## 2.6 Future Proposed Model

The proposed model for Urology is: The development of a single specialist inpatient and day case unit for elective and emergency Urology services in Belfast at the Belfast City Hospital. Table 1 summarises the current and proposed location of Urology Services.

**Table 1: Urology Service - Current and Proposed Service Location(s)**

<b>Urology Service</b>	<b>Current Location(s)</b>	<b>Proposed Location(s)</b>
Core Urology	Belfast City Hospital/ Mater Hospital	Belfast City Hospital
Uro-Oncology	Belfast City Hospital	Belfast City Hospital
Stones/Endourology	Belfast City Hospital	Belfast City Hospital
Andrology	Belfast City Hospital/ Mater Hospital	Belfast City Hospital
Reconstruction	Belfast City Hospital	Belfast City Hospital
Female Bladder Dysfunction	Belfast City Hospital	Belfast City Hospital

The proposed model of service delivery is considered fully in the following section, the Consideration of Options.

**SECTION 3**  
**CONSIDERATION OF OPTIONS**

3.1 Preferred Option

### **3 Consideration of options for Urology Services**

A multi-disciplinary project team was established which brought together a broad range of clinical and managerial staff from across the Trust, Consultant Urologists, imaging, nursing, Allied Health Professionals (AHPs), Trades Unions, service users and other staff identified, and made recommendations on the possible options for the future delivery of the service.

Mindful of the Section 75 statutory obligations, it was decided that the preferred option of those considered would then be subject to a full and comprehensive Equality Impact Assessment.

The options that were considered by the Project Team were:

1. Continue with current delivery at all three hospitals (Belfast City Hospital, Mater Hospital and The Royal Hospitals)
2. Deliver all inpatient and day case Urology at Belfast City Hospital
3. Deliver all inpatient and day case Urology at the Mater Hospital
4. Deliver all inpatient and day case Urology at the Royal Hospitals
5. Deliver all inpatient Urology Belfast City Hospital and all day case at Mater Hospital
6. Deliver all inpatient Urology at Mater and all day case Urology at Belfast City Hospital.

The project team considered the options against the 5 benefits criteria:

#### **To deliver safe and sustainable services to our patients**

The service is currently provided across three hospitals. The project team consensus was that the current service configuration will not enable the service to meet the challenges of future service delivery as readily as other options.

By bringing together all urology services into one acute hospital there are benefits for both service users and staff as the Trust will expect to improve productivity, reduce service duplication and share learning and expertise between staff. For example, urology patients are more likely in the future to receive day surgery treatment rather than be treated as an

inpatient. Further additional day surgery facilities will be required to meet this changing profile of urology, which are not available in all hospitals.

The limitations on junior doctor availability due to the Working Time Directive means that this medical resource must be better organised in order to make the most efficient use of their time and this can be better accommodated with services on a single site.

The majority of urology services, around 83%, are currently provided at Belfast City Hospital and just 15% at the Mater Hospital and 2% at the Royal Hospitals. Therefore there is insufficient theatre space for the total of service to be provided at the Mater Hospital or the Royal Hospitals. Option 2 at the Belfast City Hospital has the necessary capacity for the service.

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

A single site option would reduce duplication of service provision and would thus improve efficiency. Providing services from one site would yield economies of scale and would ultimately be more resource efficient.

Option 2 removes service duplication by locating all services in the Belfast City Hospital. All members of the urology team would be able to work more closely on a single site and therefore share expertise and learning which is key to improving outcomes for patients.

Options 5 and 6 do not contribute to improving service quality and effectiveness or reduce unnecessary duplication of services. Rather, they continue with duplication of the urology services across three sites. Urology services in a single hospital would also offer some resource efficiency as a result of economies of scale and the elimination of duplication.

**To ensure services are appropriately clinically linked**

At present both the Belfast City Hospital and Mater Hospitals have access to all essential clinical linkages. There are some linkages which Urology want to develop further for example, the link with Uro-Gynaecology, and general gynaecology services, the development of the Laparoscopic Robot, and the link with cancer services. The

strengthening of these links would be more difficult if the services remained in two or three hospitals.

“New Directions” proposes that Belfast City Hospital will become the major centre for elective surgery – this is a key linkage for Urology Services. The review is also proposing that Gynaecology Services will be sited at the Belfast City Hospital. Technological advances in robotics can be utilised by Urogynae and thus avoid duplication of investment in equipment. Cancer Services are already provided at BCH.

Options 5 and 6 would split the service across two sites, thus compromising the ability to meet all of the required clinical linkages. The Belfast City Hospital offers the best current and proposed clinical linkages for urology.

### **To ensure services are accessible to service users and carers**

The Belfast City Hospital rates well in terms of accessibility – it has good public transport access via train, bus and is situated close to the centre of Belfast thus making it accessible from all parts of Belfast. There are also adequate parking facilities at the BCH, with a number of patient car parks at various locations on the hospital site.

The RVH has fairly good access to public transport by bus; parking can be an issue on this site and due to the geographical spread of the facilities across the site the proximity of patient car parks to ward areas can vary. Work is ongoing to increase the number of car parking spaces at the Royal Hospitals.

In terms of accessibility, the Mater is fairly well served by bus. Parking provision can be an issue as can the proximity of patient car parks to the wards.

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

The Belfast City Hospital was identified as the major centre for elective (planned) surgery and, given that 90% of urology activity is elective, Option 2 offers more relevant clinical linkages than Options 3 and 4 and is compatible with the Trust strategic direction.

### 3.1 Preferred Option

In summary, the project team recommendations were that:

- Urology services should be located together at one acute hospital for the key benefits of streamlined clinical pathways, team working, clinical rota management and efficiency in service delivery;
- The Belfast City Hospital offers the best location for the single urology service for Belfast because:

The Belfast City Hospital has the key Urology clinical linkages with Gynaecology and Cancer Services for both the inpatient and day case service.

This single service across Belfast will help deliver the Regional Review of Urology which has specifically identified that specialist inpatient services would concentrate in Belfast. Developments in urology will continue to require greater use of day surgery and short stay (23 hour) units. When the proposed replacement day surgery unit at Belfast City Hospital is in place, it is envisaged that a proportion of existing inpatient work will transfer to day surgery services.

Given that 90% of Urology activity is elective (planned) work, a more efficient service can be provided by bringing the staff and resources together in the appropriate facilities.

What does this mean for patients?

A single site location for Urology services at the Belfast City Hospital will have advantages for patients, across Belfast and regionally:

#### Providing safe and sustainable services

By providing a single consultant on call and junior doctor rotas, patients will have access to these staff on site 365 days per year. This is not currently available at the Mater Hospital and is more sustainable in a single specialist unit.

#### Improving service quality and reducing duplication

A single site urology service provides the opportunity to provide more modern service delivery, for example, 23 hour stay for some procedures. This will reduce service duplication caused by referring patients between the Mater Hospital and Belfast City Hospital and ensure the scarce specialist resources such as specialist nurses who also support

provision of the diagnostic cystoscopy services are available equally to the population.

#### Accessible for users and carers

Belfast City Hospital is in an accessible location for the population of Belfast and across the region, with good car parking and public transport access. By bringing the service together at the Belfast City Hospital, this will improve equity of access for patients, where as previously the service delivery by the single consultant at the Mater Hospital would have reduced during leave and absence.

#### Ensure services are appropriately clinically linked

Patients would benefit from further development of linkages between urology specialists and cancer services and gynaecology, which are proposed to relocate fully to Belfast City Hospital.

### **What would this mean for each hospital?**

#### The delivery of safe and sustainable services

Junior doctor rotas would provide cover across the service and a single consultant on-call rota will be established. All Urology services would be delivered in a specialist unit in the Belfast City Hospital. This would lead to more efficient management of patients, eliminating inequality of access to surgery and improving quality of care for patients, and helping the Trust to meet waiting time targets for the benefit of patients.

#### Compatibility with the Trust Strategic Plan

Given that 90% of the urology service is elective (planned), this proposal is compatible with the Trust Strategic Plan, with the Belfast City Hospital as the main centre for elective surgery.

#### Ensuring Services are appropriately clinically linked

The key urology linkages are at the Belfast City Hospital with cancer services and gynaecology, which is proposed to relocate fully to the Belfast City Hospital. As well as all the benefits for clinical working, this would ensure joint access to technological advances in robotics which will be particularly valuable to urogynae.

### **What would this mean for staff?**

#### Ensuring Services are appropriately clinically linked

All members of the Urology team would be able to work more closely on a single site, sharing expertise and learning which is key to improving

outcomes for patients. The Urology team would have an increased opportunity to engage in multi-disciplinary working with colleagues in, for example, gynaecology and cancer services. Multi-disciplinary working has been shown to improve patient outcomes. There would be a greater number of urologists and other multi-disciplinary team members available for a single site rota than is possible with the current situation. Staff would benefit from delivering a Urology service which is more flexible to meet need and respond to the WTD challenges as a result of combining services at the Belfast City Hospital.

#### Improving service effectiveness and reduce duplication

The Urology team would be able to better utilise its staff, facilities and equipment when located in one centre and not split across three hospitals. In addition, all specialist urology equipment would be based in one centre instead of duplicated on two or three sites, as is the case currently, providing improved efficiencies in the service.

## **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
- 4.5 Composition of Urology service users across B.H.S.C.T.
- 4.6 NI Health & Social Services Interpreting Statistics
- 4.7 B.H.S.C.T.: 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**

- Regional Urology Review 2009
- Regional Strategy ‘A Healthier Future (2005–2025)’
- DHSSPS Priorities for Action 2009-10
- Developing Better Services 2002
- Darzi Review

##### **4.2 Local Data Sources**

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

- “The Belfast Way”: A vision of excellence in Health and Social Care
- “New Directions”: A conversation on the future delivery of Health and Social Care Services for Belfast
- The Belfast HSC Trust Delivery Plan
- The Belfast HSC Trust Corporate Plan
- The Belfast HSC Trust Health and Wellbeing Investment Plan (HWIP)
- Excellence and Choice -Right Treatment, Right Place- Acute Services
- Excellence and Choice- Right Treatment, Right Place- Urology Services

- Excellence and Choice- Right Treatment, Right Place- Gynaecology Service
- Belfast HSC Trust Strategic Response to the Comprehensive Spending Review 2008-2011
- Belfast HSC Trust Equal Opportunities and Human Resource Management System.

#### **4.3 Additional Data Sources**

- Equality and Inequalities in Health and Social Care in Northern Ireland
- Northern Ireland Census
- Indicators of Equality and Diversity in Northern Ireland
- Statement on Key Inequalities in Northern Ireland.

**Table 2: Population Profile: Belfast Health and Social Care Trust Area**

<b>Section 75 Group Area</b>	<b>Belfast Health and Social Care Trust Population - Approximately 345,000</b>	
<b>Gender</b>	Male	47.4%
	Female	52.6%
<b>Age</b>	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%
<b>Religion</b>	Roman Catholic	37.4%
	Protestant	44.7%
	Other Religion	0.6%
	No Religion or None stated	17.3%
<b>Political Opinion</b> (Based on council seats on Belfast City and Castlereagh Borough Councils)	DUP	26 seats
	UUP	12 seats
	Alliance	8 seats
	SDLP	10 seats
	Sinn Fein	14 seats
	PUP	2 seats
	Traditional Unionist Voice	1 seat
	Independent	1 seat
<b>Marital Status</b> (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%
<b>Dependent Status</b> (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children	30.4%
	No Dependent Children	69.6%

**Table 2 cont'd:  
Population Profile: Belfast Health and Social Care Trust Area**

<b>Section 75 Group Area</b>	<b>Belfast Health and Social Care Trust Population - Approximately 345,000</b>	
<b>Disability</b> (based on households with one or more person with a limiting long-term illness)	Disabled	43.6%
	Not Disabled	56.4%
<b>Ethnic Group</b>	White	98.63%
	Irish Traveller	0.07%
	Mixed	0.26%
	Indian	0.15%
	Pakistani	0.06%
	Bangladeshi	0.02%
	Other Asian	0.03%
	Black Caribbean	0.02%
	Black African	0.06%
	Other Black	0.03%
	Chinese	0.51%
	Other Ethnic Group	0.16%
<b>Sexual Orientation</b>	Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)	

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

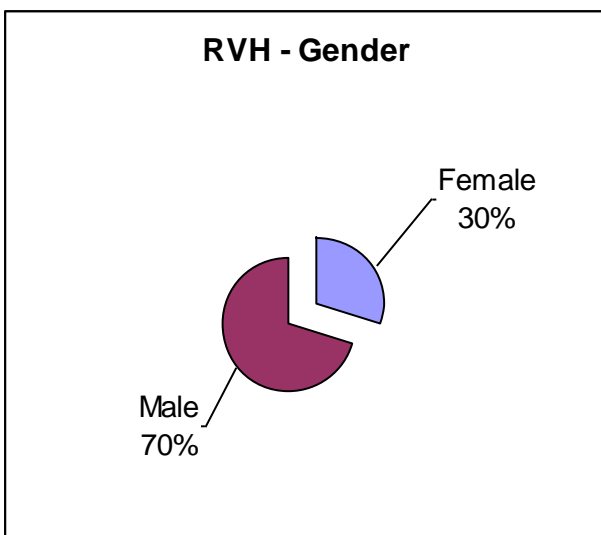
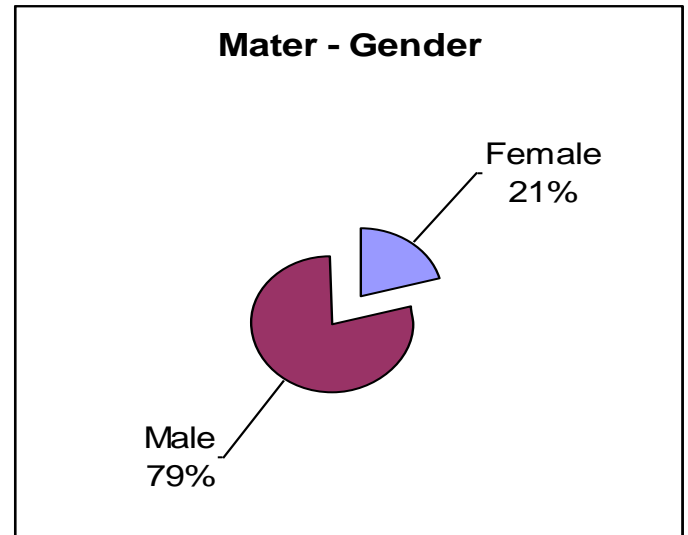
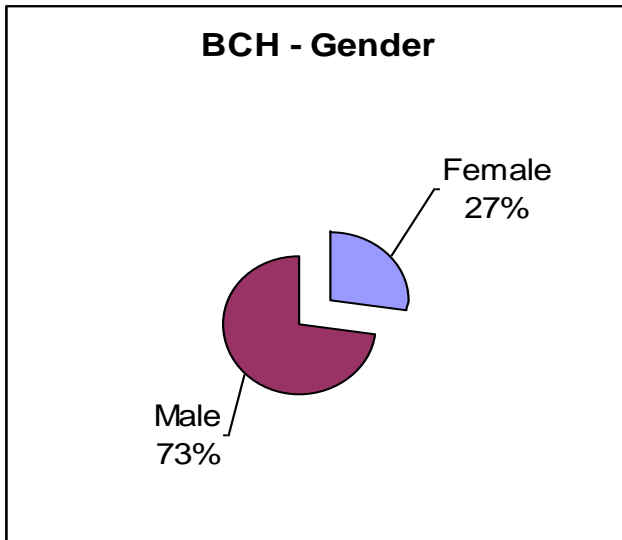
#### **4.4 Population Profile**

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

## 4.5 Composition of Urology Service Users across Belfast Health and Social Care Trust

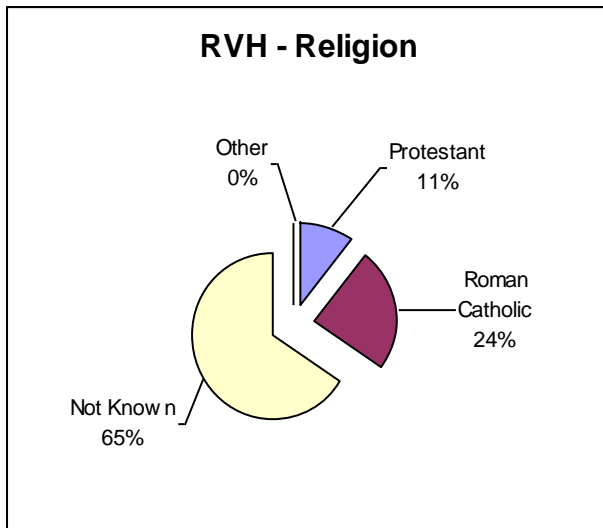
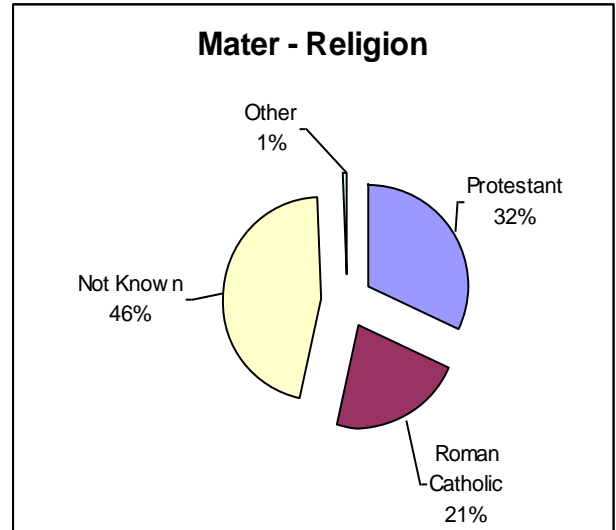
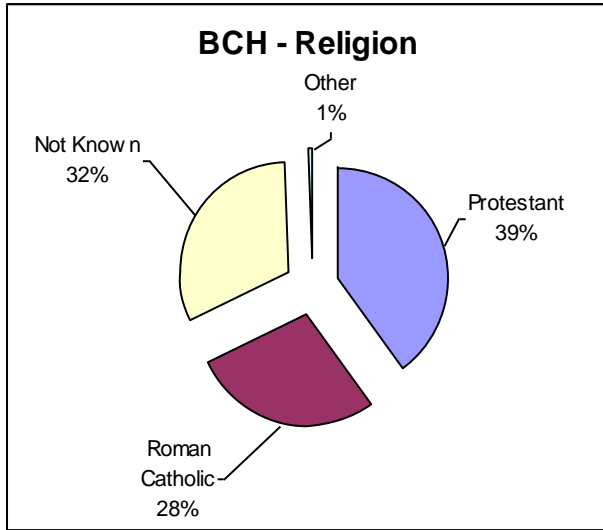
### 4.5.1 Urology Service Users by gender

**Figures 2:** These figures indicate current service users broken down by gender.



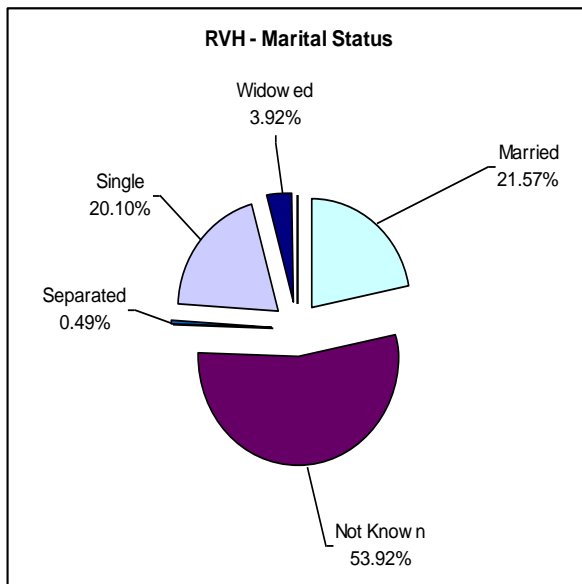
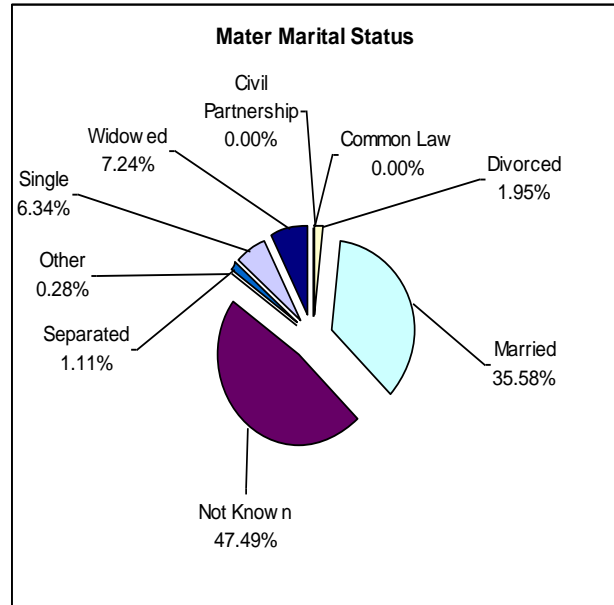
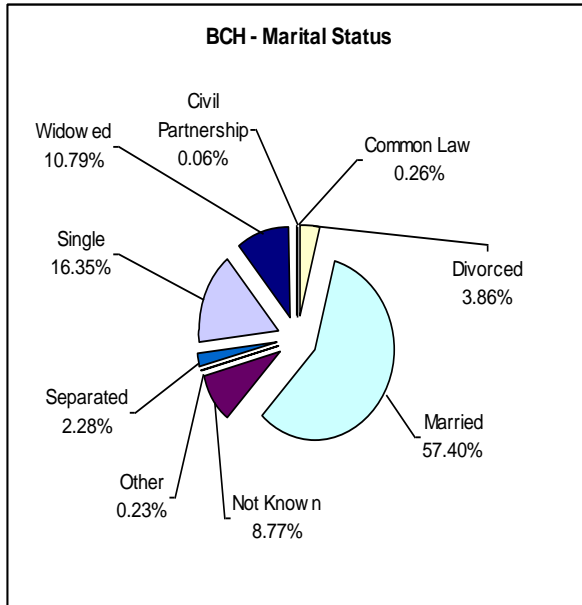
### 4.5.2 Urology Service Users by Religious Belief

**Figures 3:** These figures indicate current urology service users by religious belief.



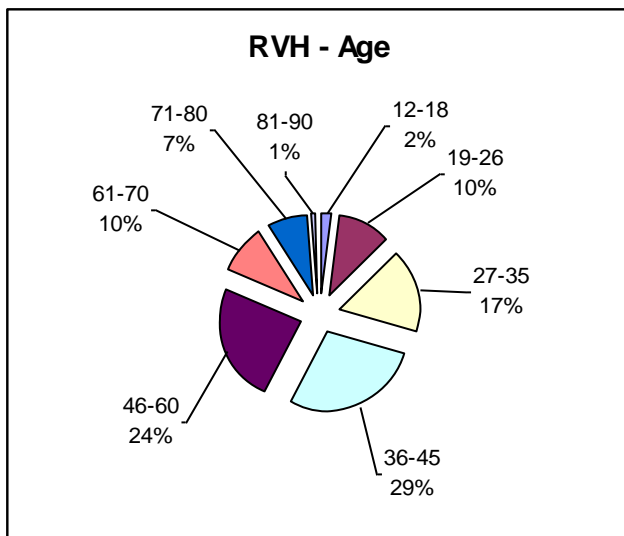
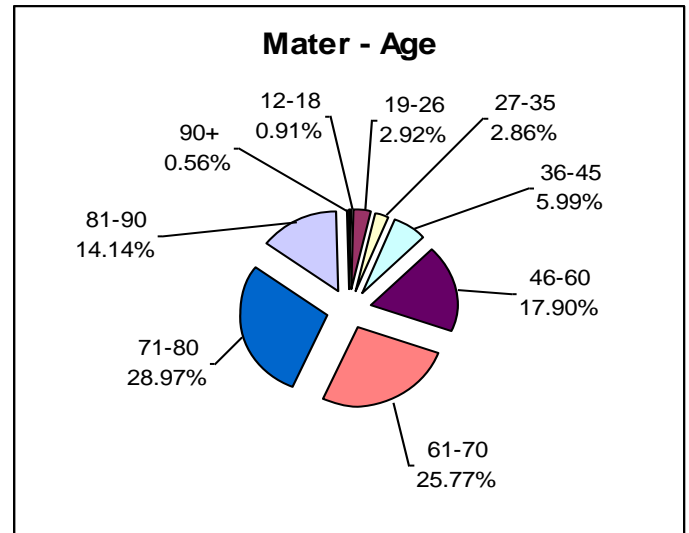
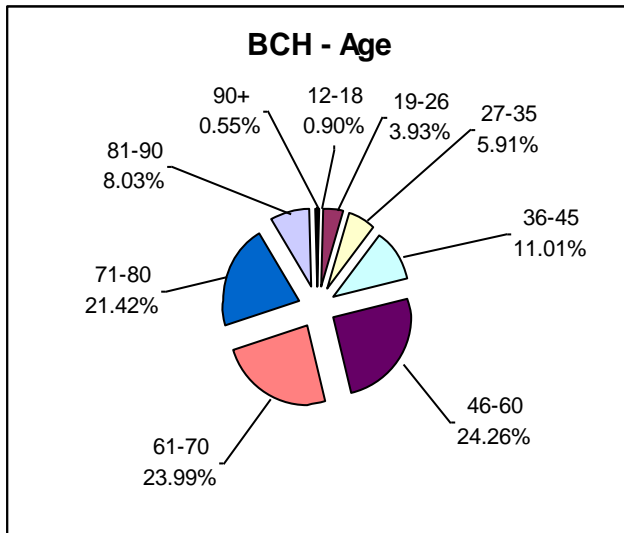
### 4.5.3 Urology Service Users by Marital Status

**Figures 4** These figures illustrate the current service users by marital status.



#### 4.5.4 Urology Service Users by Age

**Figures 5:** These diagrams illustrate the age composition of current Urology Service Users.



#### 4.6 Northern Ireland Health and Social Services Interpreting statistics

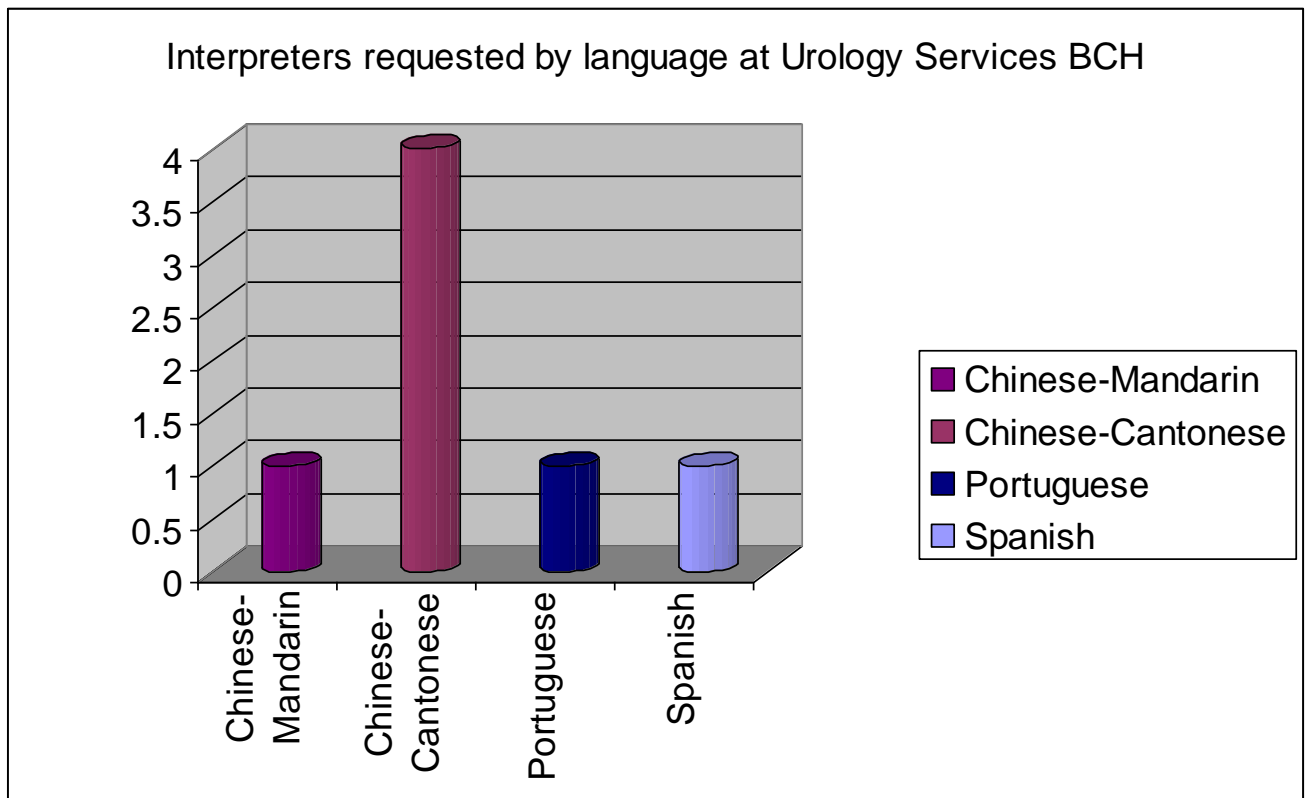
One of the most significant changes in the demography of Northern Ireland has been the increase in numbers of different ethnic minorities coming to live and work in the province.

In the absence of routine or uniform gathering of ethnicity across the sites, another indicator of ethnicity is use of requests for Northern Ireland Health and Social Services Interpreting Services. This gives an indication of the language needs of foreign nationals and ethnic

minorities and the following statistics have been extrapolated for the purposes of the Equality Impact Assessment. They indicate the level of demand for foreign language interpreters in the Urology services, inherently affected by the proposed reconfiguration of the service over a one year period. The Trust is cognisant of the fact that this is by no means a proxy indicator for ethnic minority population as a whole but rather those who are not competent in English. For this reason, the Trust will engage widely with ethnic minority representative organisations in the consultation process to obtain qualitative and anecdotal information in the absence of comprehensive quantitative data.

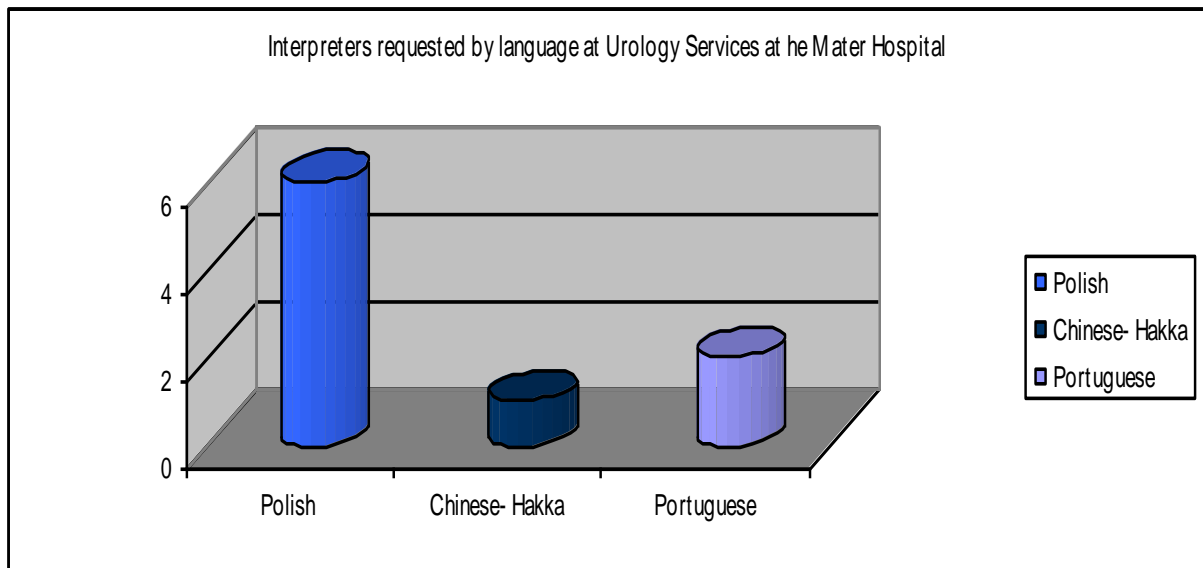
### BCH Urology Services Interpreting Requests April 09 – March 2010

**Figure 6:** This diagram illustrates the usage of interpreters in BCH Urology Services and for which language they have been requested.



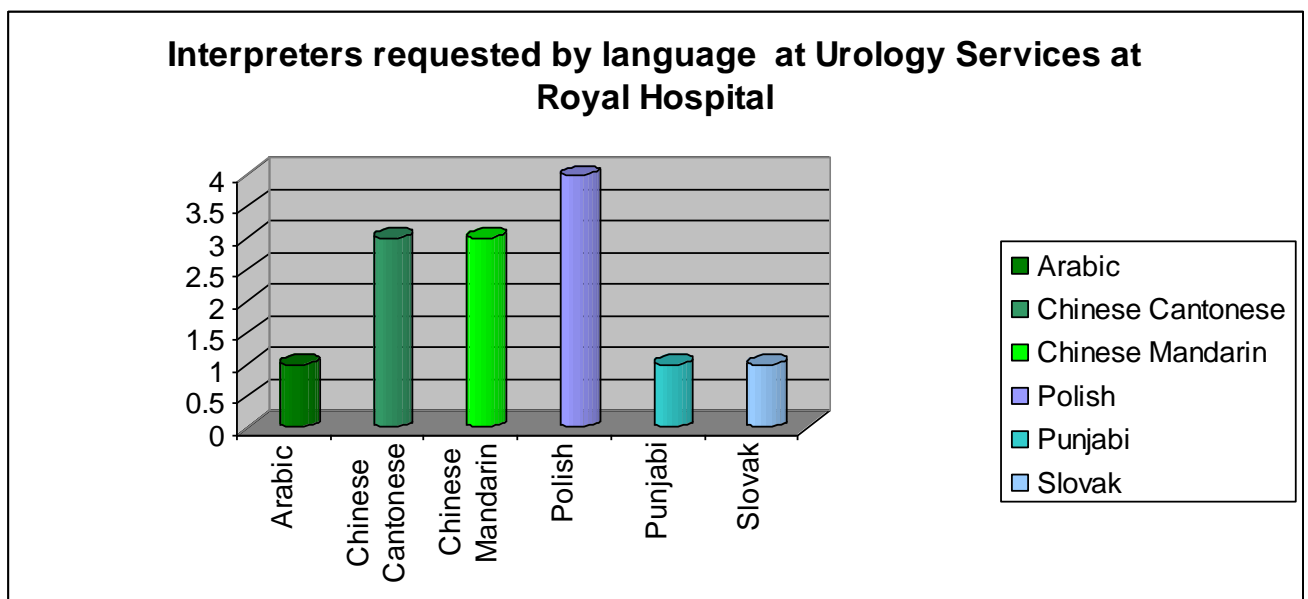
## Mater Hospital Urology Services Interpreting Requests April 09- March 2010

**Figure 7:** This diagram shows the usage of interpreters in Mater Urology Services and for which language they have been requested



## Royal Hospital Urology Services Interpreting Requests April 09- March 2010

**Figure 8** This diagram shows the usage of interpreters in Royal Urology Services and for which language they have been requested



#### **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 80 people, directly employed in the service under review –77 based at the City Hospital and three based at the Mater Hospital. In the Mater Hospital there is no specialist Urology ward and Urology patients are treated in a surgical ward. This represents a Whole Time Equivalent of 64.54 posts. The staff includes nursing, medical and administrative staff.

There is also a number of staff such as nursing and ancillary and general staff who provide service to these areas in addition to other areas.

As only three staff at the Mater Hospital are directly involved in providing the Urology service a detailed equality analysis cannot be carried out as this would lead to a breach of confidentiality as personal information relating to individual staff could be easily identified.

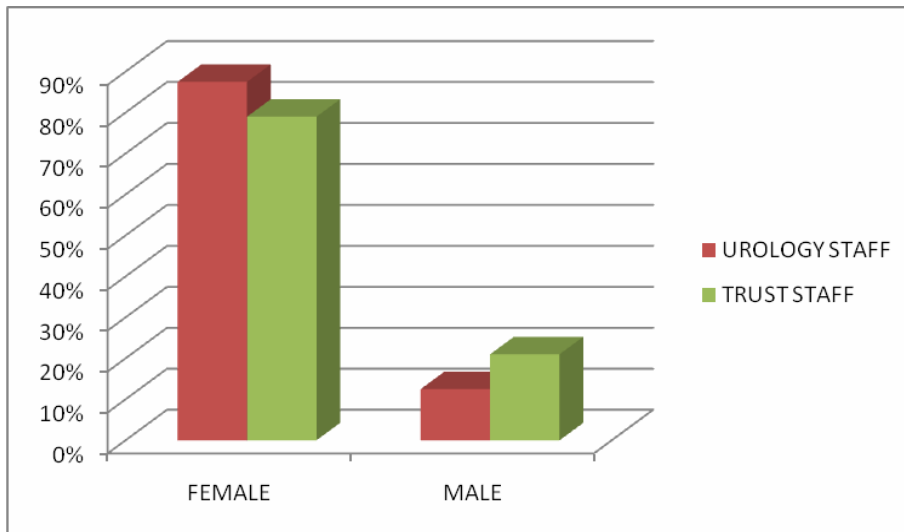
If the proposed option is accepted the effect on urology staff at the City will be small as they will continue to provide a service at their current location.

**Table 3: Belfast Health and Social Care Trust: Staff profile by Section 75 Group (Jan 2010 figures)**

Category	Grouping	Urology Staff	Belfast Trust
<b>Gender</b>	Male	13%	21%
	Female	87%	79%
<b>Age</b>	16-24	4%	7%
	25-34	23%	26%
	35-44	37%	28%
	45-54	26%	27%
	55-64	10%	11%
	65+	0%	1%
<b>Religion</b>	Protestant	51%	45%
	Roman Catholic	44%	48%
	Unknown/Other	5%	7%
<b>Marital status</b>	Married	62%	55%
	Single	34%	39%
	Other	4%	6%
<b>Disability</b>	Disabled	1%	2%
	Not disabled	46%	60%
	Unknown	53%	38%
<b>Ethnic origin</b>	White	85%	72%
	Other	5%	4%
	Unknown	10%	24%
<b>Political Opinion</b>		Currently being collected	
<b>Sexual Orientation</b>		Currently being collected. Research indicates that 10% of the population is LGB. (Source: Rainbow Project July 2008)	
<b>Dependent Status</b>		Currently being collected	

## Gender

Figure 9 shows the breakdown of staff by gender

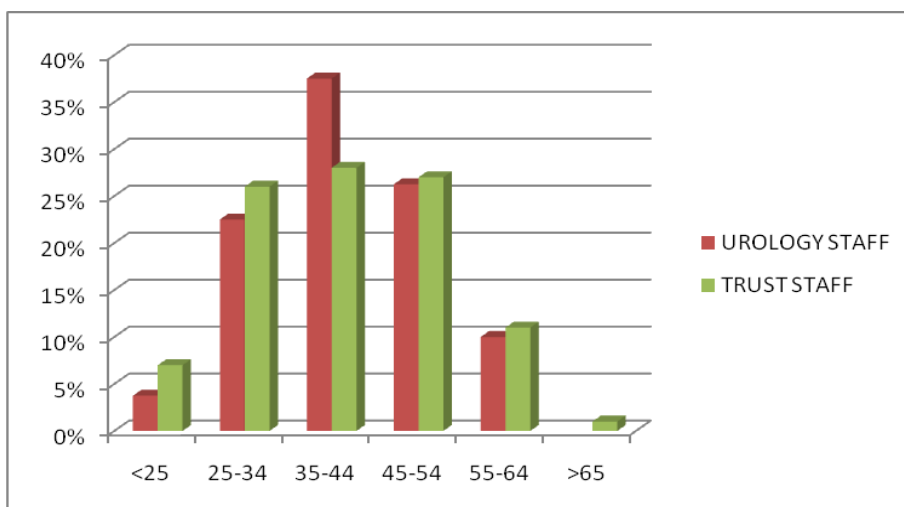


**Figure 9: Staff by gender**

In the Trust 79% of the staff are Female and 21% Male. In the area under review 87% are female and 13% Male.

## Age

Figure 10 shows staff by age band.

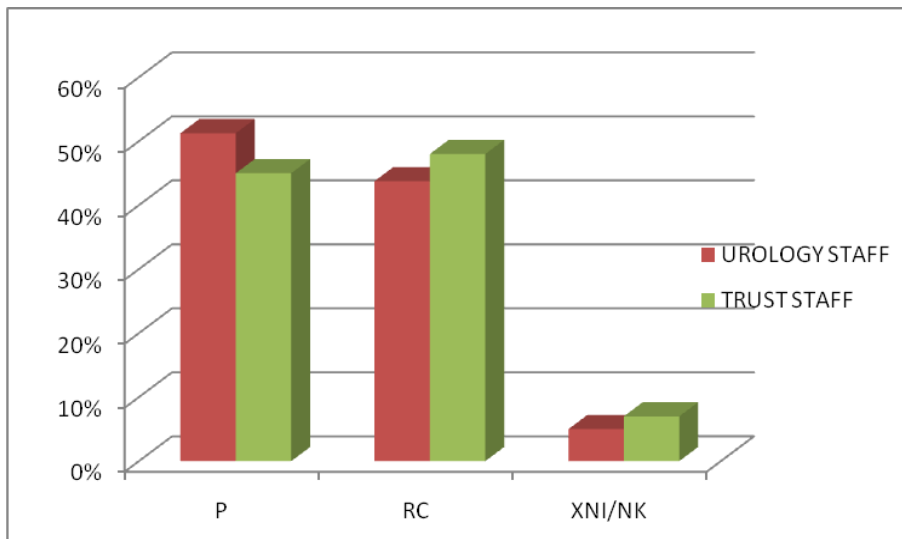


**Figure 10: Staff by age band**

In the Trust as a whole 61% of staff are under 45 and 39% are 45 and over. In the area under review 64% are under 45 and 36% over 45.

## Religion

Figure 11 shows the community background of staff.

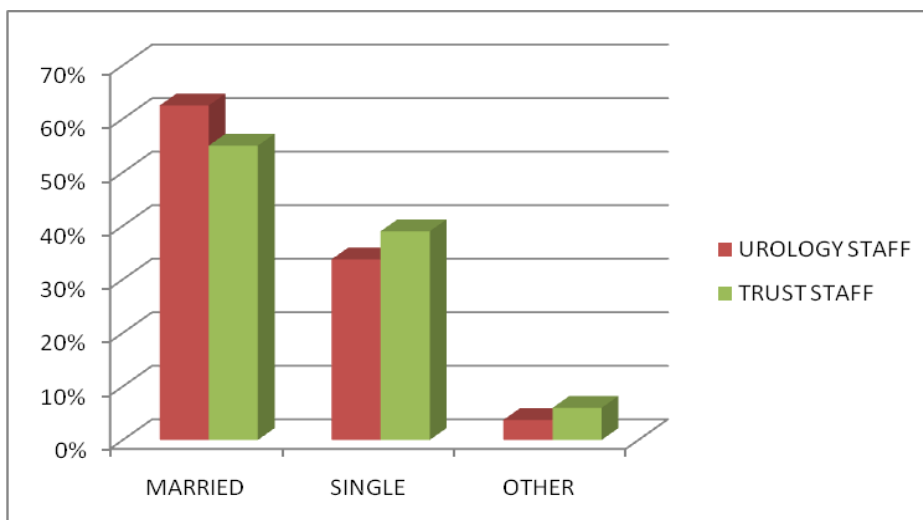


**Figure 11: Staff by community background**

In the Trust 45% of staff are Protestant, 48% are Roman Catholic and 7% Other or Unknown. Overall, in the area under review there are 51% Protestants 44% Roman Catholics and 5% Other or Unknown.

## Marital/Civil Partnership Status

Figure 12 shows that the marital status of staff.



**Figure 12: Staff by marital status**

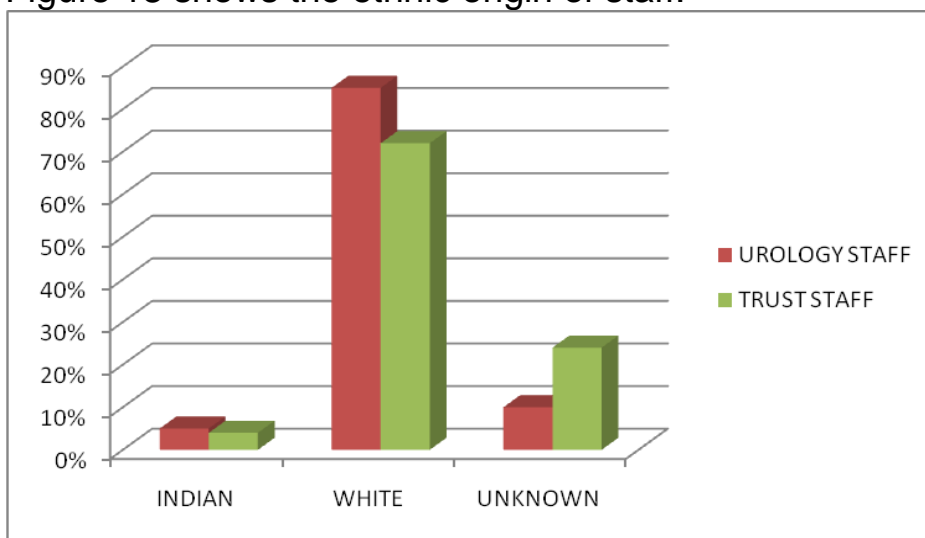
In the Trust, 55% of staff are recorded as married, 39% as single and 6% other or unknown. Overall in the areas under review, 62% are Married 34% Single and 4% Other or Unknown.

## Disability

One member of staff has stated that they have a disability. This is 1% of the total, compared to the Trust figure of 2%.

## Ethnic Origin

Figure 13 shows the ethnic origin of staff.



**Figure 13: Staff by ethnic group**

In the Trust 72% stated that they were White, 4% Other Races and 24% provided no information. Within the service under review, ethnic origin is not recorded for 10% of staff, 85% are White and 5% Other Races.

## 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 site both daycase and inpatient Urology services at the Belfast City Hospital for the Belfast Health and Social Care Trust.

### **5.2 Equality Screening**

In accordance with the statutory requirements emanating from Section 75 of the Northern Ireland Act 1998, the proposal to modernise and reform Urology services to a modern, fit for purpose service. This proposal was screened in and it was agreed that the preferred option to be proposed by the Urology Working Group would then be duly subject to a full Equality Impact Assessment.

### **5.3 Assessment of impact on Section 75 Groups – Patients and Clients**

#### **Gender**

At the Belfast City Hospital, current users of Urology services are split 73% male and 27% female. This is replicated in both the Mater whereby service users are 79% male and 21% female and in the Royal where daycases are carried out - 70% of which are male and 30% of which are female. Therefore it would be reasonable to assume that males will be significantly differentially impacted by the reconfiguration than females.

The organs covered by Urology include the kidneys, ureters, urinary bladder, urethra for both men and women and the male reproductive organs (testes, epididymis, vas deferens, seminal vesicles, prostate and penis). Thus, the prevalence of male users is in keeping with the services provided by Urology.

#### **Religion**

At the Belfast City Hospital, 39% of service users are Protestant, 28% are Roman Catholic and 32% are Unknown. At the Mater Hospital 32% are Protestant, 21% are Catholic and 45% are Unknown, At the Royal Hospital, 24% are Roman Catholic, 11% are Protestant and 65% are

Unknown. On the basis of these statistics, Protestants who attend Urology Services at the BCH and MIH will be differentially impacted and Catholics who attend the Royal will be differentially impacted by the reconfiguration. A significant proportion of users over the three sites are declared as unknown.

## **Marital Status**

At the Belfast City Hospital the majority of Urology service users are Married (57%), and 16% are recorded as Single, 10% are Widowed and approximately 7% are either Separated or Divorced, over 8% are recorded as Not Known. At the Mater Hospital, the majority of users' marital status (54%) is recorded as Unknown, 35% are Married, 7% are Widowed, 6.3% are Single and 1.1% are Separated. Of those Urology patients who attend the Royal, 47% are recorded as Unknown in terms of marital status, 21.5% are Married and 20% are Single. 3.9% are Widowed and 0.4% are Separated. A sizeable percentage of people who attend the Mater and City Urology Services are classified as Unknown in terms of marital status and this perhaps reflects disparities in data monitoring systems or collection methods, emanating from legacy Trusts. Across three sites, the majority of service users whose marital status is known are Married. One could assume on the basis of the data available to us that married people would be differentially affected by the proposed location of services at the Belfast City Hospital. On the basis of the information available there is nothing to indicate that this impact would be adverse for married people – however extra journey time for people who are married with children and who had previously attended the Mater and the Royal could potentially be an issue.

## **Ethnicity**

The Trust Urology Services have not recorded the ethnic origin of their service users. In the absence of these statistics, the Trust has drawn on requests for interpreters from the Northern Ireland Health and Social Services Interpreting Services over a twelve month period. In terms of the overall service users, there is a low percentage of people who are not competent in English as their first language. Different forms of Chinese have been requested at all three hospital sites and this higher percentage of Chinese would be indicative of the significant number of Chinese who live in Northern Ireland. Polish has also been requested and this would reflect the influx of people from Eastern European countries into Northern Ireland in recent years since the European enlargement.

## **Dependants**

Urology Services do not ask service users about their caring responsibilities as a matter of course – nonetheless given the age profile of the service users, it would be reasonable to assume that a fair number of users have people who are dependant upon them. The Trust hopes that the consultation process will help yield the required information for this category from either carers' themselves or carers advocacy groups and this information will help inform the decision making process.

## **Age**

In the Belfast City Hospital the highest percentage of Urology service users by a narrow margin (24.26%) fall into the 46-60 bracket, the next largest age bracket is between 61-70 (there are 23.99%), 21% of Urology service users are aged between 71-80. 8% are aged between 81 and 89. 0.5% are 90+. At the other end of the range, 11% of service users are aged between 36 and 45, 6% are between 27-35, 4% are between 19-26 and 0.9% are aged between 12-18.

At the Mater Hospital the largest percentage of service users are aged between 71-80 (29%), 26% are aged between 61 and 70, 18% are aged between 46-60. 14% fall into the age bracket 81-90 and 0.5% are over 90. 6% are between 36-45, 3% are between 19-26, 1% are aged between 12-18.

At the Royal Hospital, the largest number of service users are aged between 36-45 (29%), the second largest tranche (24%) are aged between 46-60, 17% of service users of Urology at the Royal are aged between 27-35, 10% fall into the age category 61-70 and 10% are between 19-26, 7% are aged between 71-80, 2% are 12-18 and the remaining 1% are aged between 81-90.

Essentially those who are potentially impacted by the reconfiguration are aged between 46-60, and to a lesser degree those aged between 61-70 and 36-45 respectively. Research indicates that over 50's make the heaviest demands upon Urology care.

## **Political opinion**

The Belfast Health and Social Care Trust does not currently ask service users for their 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 2: Belfast & Castlereagh Area Population by Section 75 Group for breakdown of political opinion)

## **Those with and without a disability**

Whilst the Trust has not historically gathered information on disability from service users, one could proportionately anticipate that a number of patients with a physical illness of a nature that necessitates an inpatient admission would fulfil the definition of disability stipulated in the Disability Discrimination Act 1995 (“Physical Illness which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities”). There is a strong clinical link with Oncology and Urology and again this would indicate that a percentage of these service users may have a disability. The Trust is mindful of disability across the spectrum- as well as physical disability- service users may have a Sensory, Mental Health and/or Learning Disability. Whilst the Trust does not yet gather this specific information in Patient Administration Systems, each patient or service user will be assessed on admission and the service duly tailored to their specific needs.

## **Sexual Orientation**

The Belfast Health and Social Care Trust does not yet actively ask users for their sexual orientation and so this data is not currently available. Research indicates that 10% of a population is Lesbian, Gay or Bisexual<sup>1</sup>.

### **5.4 Assessment of impact on Section 75 Groups – Staff**

If the proposed option is accepted the effect on staff at the City Hospital will be small as they will remain at their current location. As only three staff at the Mater Hospital are directly involved in providing the service a detailed statistical equality analysis cannot be carried out as this would

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<sup>1</sup> (Source: Rainbow Project July 2008)

lead to a breach of confidentiality as personal information relating to individual staff could be easily identified.

## **Gender**

The workforce in Urology is predominately female (88%). This is slightly higher than the Trust workforce as a whole, where the female to male ratio is 79%: 21%. The higher proportion of women may be related to the fact that most of the staff are in nursing and administrative grades where the proportion of women is higher throughout the Trust.

## **Age**

In the Trust 61% of staff are under 45 and 39% are 45 and over. In the area under review 64% are under 45 and 36% are 45 and over. There is therefore no potential for adverse impact on staff in any particular age group.

## **Religion**

The staff profile for the Trust is 45% Protestant, 48% Roman Catholic, and 7% Other/Not Known. Overall, in the area under review there are 51% Protestants, 44% Roman Catholics and 5% Other or Unknown. There is therefore no potential for adverse impact on any religious group.

## **Marital/Civil Partnership Status**

In the Trust 55% of staff are married, 39% Single and 6% Other or Unknown. Overall in the areas under review, 62% are Married 34% Single and 4% Other or Unknown. There is therefore no potential for adverse impact on staff in any particular marital status.

## **Disability**

The proportion of staff in the Trust stating that they have a disability is 2%. In the area under review there is only one person who has stated that they have a disability. There is therefore no potential for adverse impact on people with disabilities.

## **Ethnic Origin**

In the Trust 72% staff stated that they were White, 4% Other Races and 24% have not provided information on their Ethnic Origin. Within the

service under review, ethnic origin is not recorded for 10% of staff 85% are White and 5% Other Races. There is therefore no potential for adverse impact on people from any particular ethnic group.

### **Political Opinion**

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

### **Sexual Orientation**

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

### **Dependent Status**

As stated previously the Trust is currently collecting information on the caring responsibilities of staff. Statistics provided by Carers Northern Ireland show that 17.6% of adults in Northern Ireland reported some caring responsibilities and that 62% of carers are female and 38% male. Any relocation for female staff is more likely to impact on their caring responsibilities, particularly in respect of the proximity of their work base to their home.

## **SECTION 6**

### **CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES**

- 6.1 Introduction
- 6.2 Service Users
- 6.3 Mitigation - Staff

## **6 Consideration of measures to mitigate adverse impacts**

### **6.1 Introduction**

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

The Belfast Health & Social Care Trust envisaged that this single centre of excellence in Urology based at the Belfast City Hospital site could help fortify a sense of collaborative working and joint purpose amongst those involved in delivering safe and effective health care and that they could share specialist expertise and best practice and communication would also be greatly enhanced. In terms of resources, there would be reduced duplication and greater consolidation of staff, technology and methods of service provision.

In terms of clinical linkages, it would be logical to site Urology Services near to the Cancer Centre and potentially to Gynaecology (also subject to public consultation and Equality Impact Assessment as part of the Strategic Review of Acute Services)

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 Urology 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.

## **6.2 Service Users**

### **Gender**

Service Users are predominantly male – roughly  $\frac{3}{4}$  of Urology patients across all three current sites are male. Post-reconfiguration this profile would be similar. Whilst this may differentially impact on men, there is no evidence from the available information that this impact would be an adverse one. The Trust will continue to monitor uptake of the services post-configuration and to engage with key stakeholders to ensure that any impact is not greater than predicted.

### **Religious Belief**

According to the available Urology monitoring statistics there are higher numbers of Protestants who attend Urology Services at the BCH and MIH and a higher number of Catholics who attend the Royal and these groups would be differentially impacted by the proposed reconfiguration. A significant proportion of users over the three sites are declared as unknown and therefore it is hard to estimate the exact religious composition of service users.

Given the period of normalisation and current political climate in Northern Ireland, the Trust would maintain that this would help facilitate equality of opportunity in terms of access to any of the sites.

The Trust will work and continue to engage with Community Groups and public representatives in the Belfast area to ensure that the Belfast City Hospital is deemed readily 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

### **Age**

In the assessment of impact, it was established from the statistics that those potentially most impacted by the reconfiguration are aged between 46-60, and to a lesser degree those aged between 61-70 and 36-45 respectively. There is nothing at present to indicate that this impact would necessarily be an adverse one on the grounds of age. 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 majority of service users are white – with interpreting statistics only indicating a percentage of the ethnic minority service users (i.e. those who are not fluent in English and require an interpreter). The Trust will conduct more outreach initiatives to ensure that more individuals from ethnic minorities find these services accessible and responsive to their needs. Urology Services shall 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 Urology Services.

## **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.

## **Marital Status**

Across three sites, the majority of service users whose marital status is known are married. One could assume on the basis of the data available to us that married people would be differentially affected by the proposed location of services at the Belfast City Hospital. On the basis of the available information there is no indication that this impact would be adverse for married people. One could anticipate that extra journey time for people who are married with children and who had previously attended the Mater and the Royal could potentially be an issue but the relative proximity<sup>2</sup> of all three hospitals would suggest that this would not be a significant impact and it would also be over a short period of time as with improvements in technology and ways of working, the inpatient stay would be a shorter one.

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2

Mater to BCH	2.14m
Mater to Royal	1.93m
Royal to BCH	2.13m
BCH to Royal	1.4m

This indicates the relative proximity between the acute hospitals in Belfast.

## **Dependent 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 can therein seek to provide the appropriate mitigation.

## **Disability**

Given the relative proximity of the three hospitals under consideration the proposal should not have a major impact on those with physical disability, particularly if travelling by ambulance, public transport or private car. The Trust will nevertheless engage with relevant representatives, umbrella organisations and other interested parties as part of its public consultation. The Trust also is committed to the provision of person-centred, person-led services so a person's needs in terms of a disability would be assessed and accommodated, be it a sensory impairment, mental health illness, learning disability or physical disability.

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 man from an ethnic minority presenting with urology problems may have a disability and these 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 a one-to-one basis with the service user, carer and family and umbrella organisations ensuring that they receive a sensitive and responsive service.

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

### **6.3 Mitigation: - Staff**

The preferred option to locate Urology Inpatient and Day care services at the Belfast City Hospital Site will impact on staff based at the City and Mater hospitals. Three Doctors based at the Mater Hospital will have to move to the City Hospital site.

- 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**

It is not anticipated that the proposed re-organisation will result in a reduction in the number of staff needed to provide the service. The proposed reorganisation of the service will impact on those staff currently working at the City and Mater sites as some staff will be needed to move from one site to another if they want to remain within their chosen specialism.

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 are intended to mitigate any significant adverse impact on 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 :-

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

The closing date for responses is 31 October 2010.

### **7.2 Publication**

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

### **7.3 Decision of Public Authority**

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

### **7.4 Monitoring**

In keeping with the Equality Commission's guidelines governing EQIA, the Trust will put in place a monitoring strategy to monitor the impact of the Trusts location of Urology Inpatient and Day-Patient Services at

Belfast City Hospital on the relevant groups and sub-groups within the equality categories.

The Trust will publish the results of this monitoring and include same in its Annual Progress Report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the Trust's location of Urology Inpatient and Day Patient services at Belfast City Hospital 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**

BADS	British Association for Day Surgery
BAUNS	British Association for Urological Nurses
BAUS	British Association for Urological Surgeons
BCH	Belfast City Hospital
BPH	Benign prostatic hyperplasia
DHSSPS	Department of Health, Social Services & Public Safety
ECNI	Equality Commission for Northern Ireland
ED	Erectile dysfunction
EQIA	Equality Impact Assessment
ESWL	Extracorporeal shock wave lithotripsy
HSC	Health & Social Care
HWIP	Health & Wellbeing Investment Plan
IOG	Improving Outcomes Guidance
LGB	Lesbian, Gay and Bisexual
LUTS	Lower urinary tract symptoms
MIH	Mater Infirmorum Hospital
NICE	National Institute for Clinical Excellence
RVH	Royal Victoria Hospital
TURBT	Transurethral resection of bladder tumour
TURP	Transurethral resection of prostate
US	Ultrasound
WTD	Working Time Directive
WTE	Whole Time Equivalent



**Proposal to Provide Inpatient and Day Case Urology Services on  
Single Acute Site  
at the  
Belfast City Hospital**

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

**CONSULTATION QUESTIONNAIRE**

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided. The closing date for this consultation is 31 October 2010 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Orla Barron  
Acting Health & Social Inequalities Manager  
1<sup>st</sup> 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](mailto:orla.barron@belfasttrust.hscni.net)

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

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

Name:	
Position:	
Organisation:	
Address:	

I am responding (please tick):

- as an individual
- on behalf on an organisation

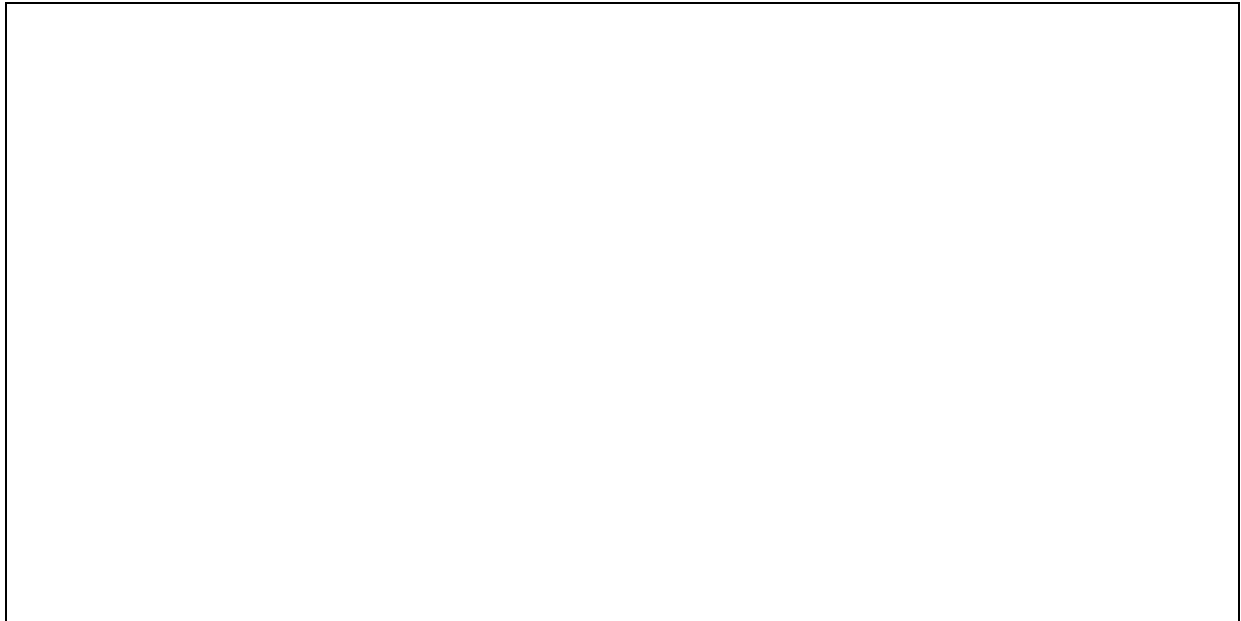
Do you agree with the impacts and mitigating measures outlined in the EQIA?

YES  NO

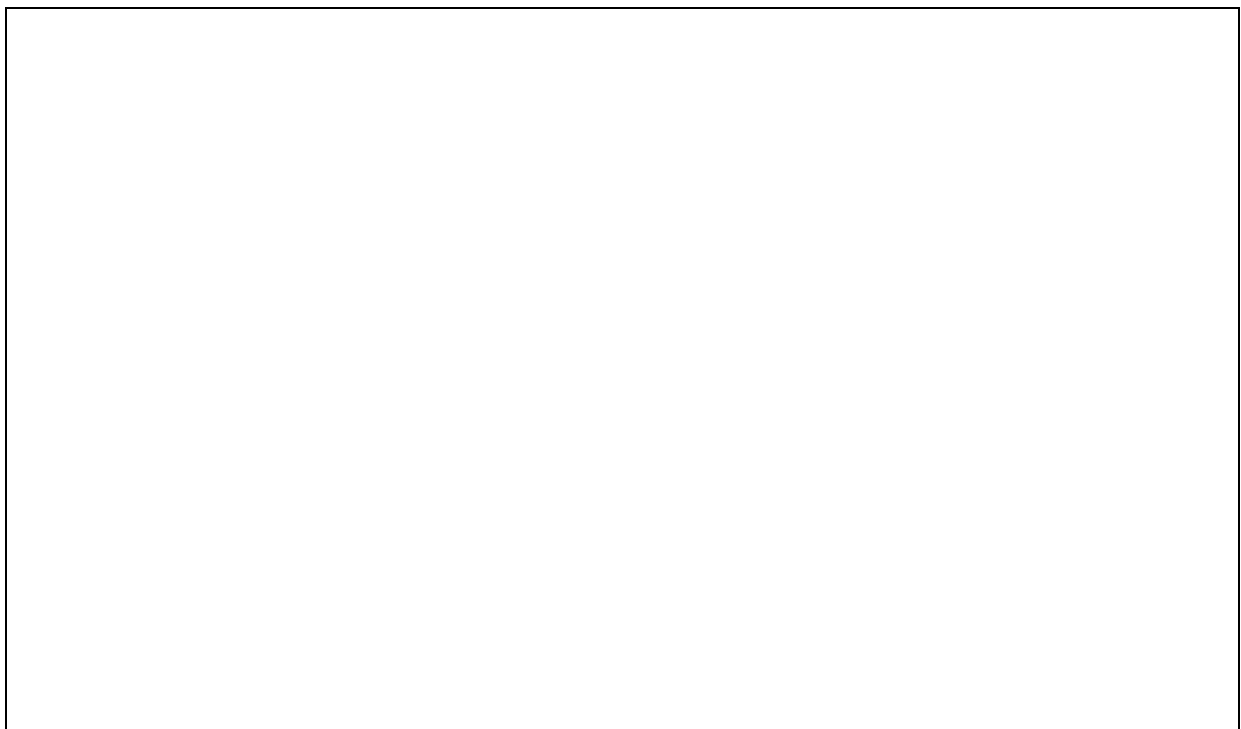
If no, please comment:

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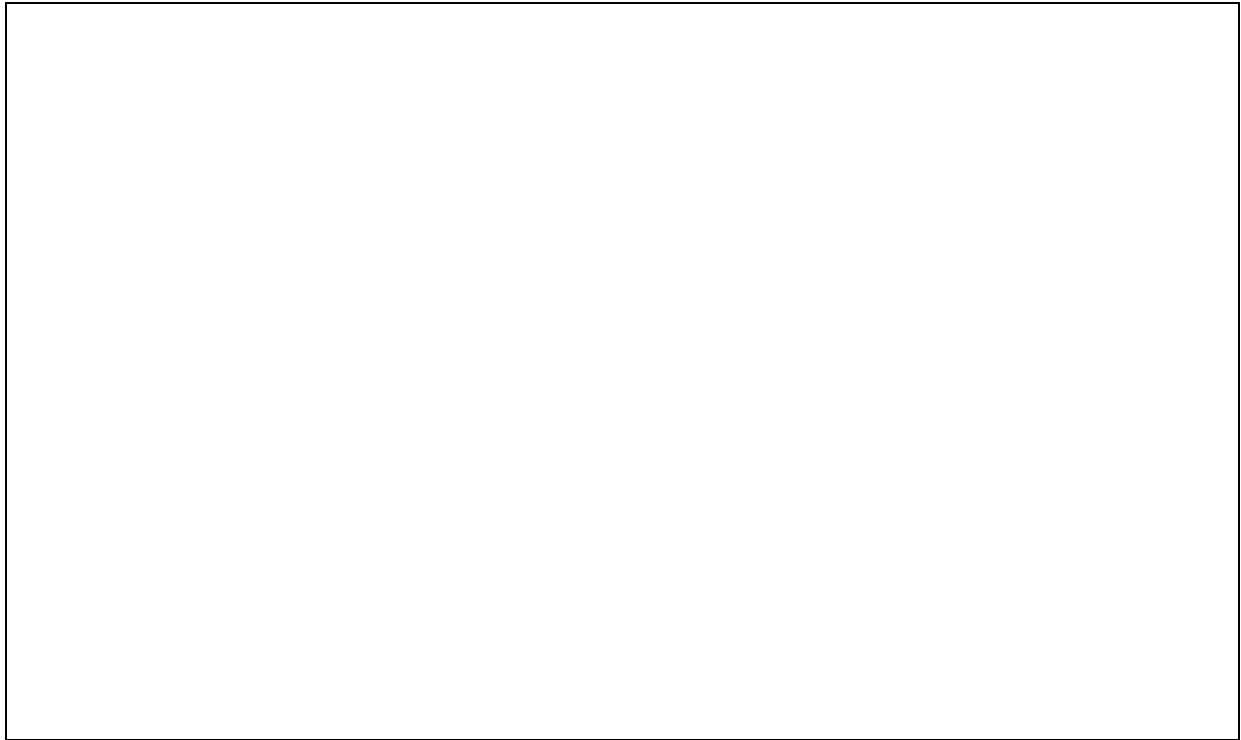
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?



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



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



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



## General comments

THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE.

### **FREEDOM OF INFORMATION ACT (2000) – CONFIDENTIALITY OF CONSULTATIONS**

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

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

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



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