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

VASCULAR SERVICES

Consultation period 5 July 2010 – 31 October 2010
If you have any queries about this document, and its availability in alternative formats then please contact:

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EXECUTIVE SUMMARY

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

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

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

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

This paper is an Equality Impact Assessment document reflecting on the Trust’s proposal to provide inpatient Vascular Services on a single acute site at the Royal Hospitals.

Vascular surgery is an important part of our hospital’s work. Our vascular teams deal with everything from varicose veins and strokes to aneurysms. Currently we deliver vascular surgery in both the Belfast City Hospital and the Royal Hospitals and we believe there are real benefits in bringing these separate services together.

We are therefore proposing that the two separate vascular inpatient and daycase services currently located at the Belfast City Hospital and the Royal Hospitals are combined on the Royal Hospitals to form a specialist vascular inpatient and daycase service to Belfast and beyond.

Outpatients services would continue to be delivered locally and are not part of this review.
A multi-disciplinary project team was established which brought together a broad range of clinical and managerial staff from across the Trust. Consultant vascular surgeons, imaging, nursing, AHP service user and trade union representatives identified considered and made recommendations on the possible options for the future delivery of the service.

The range of options considered by the Project team were:

1. Continue with current arrangement – inpatient emergency and elective vascular services in both the Belfast City and Royal Hospitals.

2. Deliver vascular inpatient emergency and elective (planned) services at the Belfast City Hospital.

3. Deliver vascular inpatient emergency and elective (planned) services at the Royal Hospitals.

In summary the project team recommendations were that:

- The service 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 development of a single dedicated vascular service will provide a better service for patients by ensuring they are cared for by a single clinical team.

- The single site location for inpatient and daycase vascular services should be at the Royal Hospitals. The most important clinical linkages for vascular services include emergency and trauma services, cardiac surgery, cardiology and renal services. These services are currently located as follows:

  - Trauma services – The major trauma centre for the Trust is identified as the Royal Hospitals.

  - Cardiac surgery - this service is only available at the Royal Hospitals, there is no proposal to change this.

  - Cardiology – the specialist cardiology facilities need to support
vascular patients are currently duplicated at the Royal Hospitals and the Belfast City Hospital. As part of these proposals, the Trust is proposing to locate all the cardiac catheterisation laboratories and associated beds/couches at the Royal Hospitals.

- Renal Service - this service is currently mainly provided at the Belfast City Hospital with a limited service provided at the Royal Hospitals. The Trust will develop the service at the Royal Hospitals to enable vascular patients to receive appropriate haemodialysis.

Outpatient services will continue to be provided locally and are not part of this review.

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.

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 vascular surgery and how the future model would work.

Section 3 outlines the options consideration 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 look at 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.

More detail on the proposal is outlined the consultation document “Excellence and Choice – Right Treatment, Right Place - Vascular Services”, available to download at www.belfasttrust.hscni.net.
SECTION 1

INTRODUCTION

1.1 Statutory Context Section 75
1.2 The Equality Impact Assessment Process
1.3 Trust’s Background, purpose, values and objectives
1.4 Management structure and descriptions
1 Introduction

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

- The Trust welcomes any comments which you may have 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 Pro-forma. Following consultation a summary report will be made available.

1.1 Statutory Context Section 75 NI Act 1998

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

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

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

The 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.
1.2 The Equality Impact Assessment Process

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

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

This current EQIA 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 Trust’s Background, Purpose, Values and Strategic Objectives

1.3.1 Background

Belfast Health and Social Care Trust (The Trust) was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. 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.

1.3.2 Purpose

The purpose of the Belfast Health and Social Care Trust is to improve health and well-being and reduce health inequalities.

1.3.3 Values

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

- Respect and Dignity
- Accountability
- Openness and Trust
- Learning and Development.
1.3.4 Strategic objectives

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

- To provide safe, high quality and effective care
- To modernise and reform our services
- To improve health and wellbeing through engagement with our service users, local communities and partner organisations
- To show leadership and excellence through organisational and workforce developments
- To make the best use of our resources to improve performance and productivity.

1.4 Management Structure and Descriptions

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

The Trust’s Headquarters are situated at:

Roe Centre
Knockbracken Healthcare Park
Saintfield Road
BELFAST BT8 8BH

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

The Trust also has a freephone enquiry line which provides information about Trust services: 0800 228844.
SECTION 2

BACKGROUND TO PROPOSED CHANGES

2.1 Introduction

2.2 Why reorganise Vascular Services now?

2.3 What are the main benefits of reorganising Vascular Services now?
2 Background to Proposed Changes

2.1 Introduction

The vascular service is provided by a multi-disciplinary team including vascular surgeons, anaesthetists, physicians, nursing staff, imaging staff, allied health professionals and administration staff. Vascular services deal with the diagnosis, treatment and management of conditions affecting the health of the body’s circulation. Usually, this involves treating diseases of the arteries, veins and lymphatic vessels. Blood vessel disease within the skull is usually managed by neurology or neurosurgery services.

Typical conditions that the vascular service would manage include:

- Peripheral vascular disease - diseases resulting in poor circulation to the limbs or vital organs, frequently due to atherosclerosis (“furring-up”) of the arteries
- Aneurysmal disease - diseases causing localised weaknesses in the walls of arteries resulting in formation of an aneurysm
- Stroke prevention - prevention of stroke and mini-stroke, in patients where the arteries supplying the brain have become diseased
- Venous disease - treatment of varicose veins and their associated conditions such as venous ulcer.

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

- As an inpatient: an admission to hospital which includes an overnight stay
- As a day case: surgical treatment which is carried out in a single day, without the patient having to stay in hospital overnight
- As an outpatient: care provided on an appointment basis without requiring admission to hospital. Vascular outpatient services are not part of this review.
Vascular services can be delivered along one of 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.

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

Vascular surgical care provides both a range of services for the local population eg varicose veins, but also is the regional service, providing for major vascular surgery. Both minor and major cases are undertaken in the two regional units at the Royal Hospitals and the Belfast City Hospital. In the present system, emergency surgical patients are accepted at the Mater Hospital every day and at the Royal Hospitals and Belfast City Hospital on alternate days (this is known as ‘alternate take’). If a patient presents at the Royal or City Emergency Department (ED) on a day when the hospital is not accepting emergency surgery and requires a surgical admission, they are transferred to the other hospital. If a patient presents to the Mater Hospital and requires vascular specific surgical intervention they are transferred to the hospital ‘on take’. In this way these two units provide vascular surgical care across Northern Ireland.

Radiology and renal services both provide a significant input as part of the team treating patients with vascular disease. Currently, the radiology service is provided within the radiology departments and vascular laboratories in both the Belfast City Hospital and Royal Hospitals. This service includes diagnostic imaging and interventional procedures to diagnose and treat some vascular patients.

Some vascular patients also require haemodialysis in the management of their conditions and this is provided as part of the Trust’s main renal service at the Belfast City Hospital and as a limited service at the Royal Hospitals.

In addition, the Royal Hospitals is identified as the Trust’s major trauma centre and vascular services form part of the range of services that are required to deliver a comprehensive trauma service.
Figure 1 illustrates the finished consultant episodes (FCEs) that vascular inpatient and daycase services have provided in 2009-2010 from the Belfast City Hospital (BCH) and the Royal Hospitals (RGH) as well as the combined Trust figure (BHSCT).

**Figure 1 - Vascular Inpatient and Daycase Services (FCEs) by Hospital & Trust 2009-2010**

![Chart showing FCEs by Hospital & Trust 2009-2010](image)

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<th></th>
<th>BCH</th>
<th>RGH</th>
<th>BHSCT</th>
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<tr>
<td>Total</td>
<td>1265</td>
<td>1159</td>
<td>2424</td>
</tr>
<tr>
<td>% of Trust Total</td>
<td>52%</td>
<td>48%</td>
<td>100%</td>
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Figure 2 illustrates operating theatre attendances by vascular patients in 2009-2010 at the Belfast City Hospital and the Royal Hospitals as well as the combined Trust figure.

**Figure 2 - Operating theatre attendances by Vascular Patients by Hospital and Trust 2009-2010**

![Chart showing operating theatre attendances by vascular patients 2009-2010](image)

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<th>BCH</th>
<th>RGH</th>
<th>BHSCT</th>
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<tr>
<td>Total</td>
<td>701</td>
<td>838</td>
<td>1539</td>
</tr>
<tr>
<td>% of Trust Total</td>
<td>46%</td>
<td>54%</td>
<td>100%</td>
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2.2 Why reorganise Vascular services now?

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the existing high quality vascular 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 vascular services now. These include:

2.2.1 Meet Public Expectation for Improved Service Quality

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of the vascular services 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.

Specifically, the way services have developed in Belfast has resulted in a duplicated system, with vascular surgeons that practise the same specialty and deliver the same service are not based on the same site. This is not the optimum method of delivering care to patients as described by the Vascular Society of Great Britain and Ireland (VSGBI).

The VSGBI represents vascular surgeons, vascular radiologists and others in Great Britain and Ireland and supports these clinicians by advancing innovation in vascular health, through education, audit and research. The VSBGI have made recommendations¹ that combining adjacent vascular services onto a single centre contributes to the best outcomes for patients. This also meets public expectation for improved service delivery.

This has been achieved in many urban areas where existing services were already in close proximity. The VSGBI state that complex procedures should be carried out in high volume units serving a population of at least 1.5 million because a high volume of patients and improved patient safety are interrelated.

This is supported by research² which is referred to by the VSGBI. It was found that reorganising vascular services as discussed in this proposal

¹ VSBGI (2009) The Provision of Services for Patients with Vascular Disease
improved patient outcomes in both abdominal aortic aneurysm repair and carotid endarterectomy which are two major types of vascular surgery.

Therefore the ability to provide improved service quality in vascular services will be enhanced by providing services from one location facilitating the development of a specialist vascular unit.

2.2.2 Drive Forward Service Modernisation

As surgical and treatment techniques and skills are developed, 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. The vascular service is embracing these changes including taking action to deliver increased admission on day of surgery for many conditions including venous disease. Locating these services together could facilitate the implementation of best practice and modernisation throughout the clinical team.

Priorities for Action (PfA) 2010/11 document sets out the key priorities for Health and Social Care services as identified by the Minister for Health and Social Services and Public Safety. In relation to the Service Review Objectives, it states:

“In meeting all challenges faced by the service, the primary issue is how health and social care services are best configured to respond safely and effectively to the emerging needs of the individuals and populations they serve. As those needs and the technology to meet those needs develop, it may be right to provide some services on single sites. Whilst other services may continue to be provided at local hospitals ....the goal must be to ensure that the services provided are safe and of a high quality, delivering effective outcomes for patients”

2.2.3 Address Current Duplication and Service Efficiency

Vascular services are currently duplicated having developed across two hospitals within Belfast. Locating inpatient and day case services together will enable the specialty to maximise outcomes and resources and reduce any inefficiencies as there will be reduced duplication of services, equipment and overhead costs.
2.2.4 Act on Staff Support

Both clinical teams from the Royal and City Hospitals believe that there are potentially significant benefits in bringing specialties together in the same hospital to form a dedicated specialist unit, for example, ensuring the sustainability of smaller specialist services, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources including training and development and thereby, improving team working, access and quality of service to the patient.

2.2.5 Improved Clinical Linkages

Patients receiving vascular services often need to use other services as part of their treatment. The specialities that have the most relevant clinical linkages for vascular services are:

- Cardiology and Cardiac surgery

Patients with vascular disease frequently have cardiac disease because the risk factors for these types of diseases are the same and complications requiring vascular surgery occasionally occur after cardiac surgery. As part of Excellence and Choice, it is proposed that tertiary cardiology services would also be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals. These linked services would create a ‘cardiovascular centre’ at the Royal Hospitals, a centre designed to provide the best possible service for patients whether their primary condition is vascular or cardiac in nature, as clinicians are in close proximity to plan patient’s care in a holistic nature.

- Renal

Vascular patients sometimes require haemodialysis as part of their treatment and therefore need the input of the renal service. A comprehensive service is provided at the Belfast City Hospital and a more limited service at the Royal Hospitals.

An essential component of bringing together the vascular service at the Royal Hospitals is the further development of the existing acute haemodialysis service which could be co-located with the vascular service to ensure a quality dialysis service is in place across the Trust. The Trust is working with commissioners on delivering this service.
• Radiology services

Vascular patients often require imaging and interventional procedures delivered by the radiology department as part of their diagnosis and treatment at both the Belfast City Hospital and Royal Hospitals. Radiology will continue to provide a service to vascular patients from both hospitals by making best use of the equipment and expertise of each hospital.

• Trauma services

Trauma services deal with multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road traffic accidents. Patients with multiple, serious injuries will need to be admitted to the Major Trauma Centre at the Royal Hospitals and may require rapid input from the vascular team as part of a comprehensive trauma service.

2.2.6 Delivery on the Working Time Directive (WTD)

Currently the Specialist Registrar rota for vascular services in the Belfast Trust (covering both Belfast City Hospital and Royal Hospitals) is not fully compliant with WTD and locum medical staff need to be employed to deliver the rota. Bringing services together would facilitate (although not totally resolve) compliance with WTD and improve training opportunities and experiences for doctors.

2.3 What are the main benefits of reorganising vascular services now?

Having identified the key reasons to review vascular 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 they are:

2.3.1 The delivery of safe and sustainable services to our patients

Providing safe services and ensuring patients are not at risk in our hospitals is our top priority. Having appropriately trained staff working in appropriately sized teams will assist in both improving patient safety and sustaining the continued provision of these services.
2.3.2 To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money

Maintaining and improving the quality of care experienced by patients is fundamental to any proposals. Reducing the existing duplication of services across two 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 operating stock and support accommodation available to us and ensure that there is some room for future growth, should the funding be available.

2.3.3 To ensure services are appropriately clinically linked

Delivering services at the right time and in the right place requires certain services to be located close to one another; for example, vascular patients will potentially need the skills of the cardiology or cardiac surgery teams. In addition, the trauma team at the Royal Hospitals may need input from vascular services.

2.3.4 To ensure services are accessible to service users and carers

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

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

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

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and 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.

Table 1 – Current and proposed model for vascular services

<table>
<thead>
<tr>
<th>Vascular Key Conditions</th>
<th>Current Location(s)</th>
<th>Proposed location(s)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Peripheral vascular disease</td>
<td>Belfast City Hospital/The Royal Hospitals</td>
<td>Royal Hospitals</td>
</tr>
<tr>
<td>2. Aneurysmal disease</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Royal Hospitals</td>
</tr>
<tr>
<td>3. Stroke prevention</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Royal Hospitals</td>
</tr>
<tr>
<td>4. Venous disease</td>
<td>Belfast City Hospital/Royal Hospitals</td>
<td>Royal Hospitals</td>
</tr>
</tbody>
</table>
SECTION 3

CONSIDERATION OF OPTIONS

3.1 The range of options considered by the Project Team
3.2 Preferred option
3.3 What does this mean for patients?
3.4 What does this mean for staff?
3.5 What would this mean for each hospital?
3 Consideration of options

A multi-disciplinary project team was established which brought together a broad range of clinical and managerial staff from across the Trust. Consultant vascular surgeons, imaging, nursing, AHP, service user and trade union representatives identified, considered and made recommendations on the possible options for the future delivery of the service. Mindful of Section 75 obligations, it was decided that the preferred option of those considered would then be subject to a full and comprehensive Equality Impact Assessment.

3.1 The range of options considered by the Project team

1. Continue with current arrangement – inpatient emergency and elective vascular services in both the Belfast City and Royal Hospitals

2. Deliver vascular inpatient emergency and elective (planned) services at the Belfast City Hospital

3. Deliver vascular inpatient emergency and elective (planned) services at the Royal Hospitals.

The project team considered the options against the five key benefits criteria:

3.1.1 Providing safe and sustainable services

It is important that patients are able to benefit from the improved outcomes of combining adjacent vascular centres onto a single site as recommended in guidelines produced by VSGBI.

Patients should also be able to benefit from having a vascular service which is more flexible to respond to WTD challenges. Combining services in a single hospital will aid compliance with WTD even if it does not completely resolve the problem.

Option two and three offer these potential advantages but option one would not provide these potential benefits.
3.1.2 Improving service quality and reducing fragmentation and deliver value for money

Bringing services together into one hospital can deliver service efficiencies through the development of a streamlined clinical pathway and improved staff rota management. Ensuring the highest standard of care and treatment is maintained through shared learning and audit in the single site location will improve quality of care for patients.

Again, options two and three offer these potential advantages but option one would not provide these potential benefits.

3.1.3 Appropriate clinical links

A cardiovascular centre, bringing together the clinical teams in vascular services, cardiology services and cardiac surgery to jointly plan patients’ care, and offers the best possible service for patients whether their primary condition is vascular or cardiac in nature as clinicians are in close proximity to plan patient’s care in a holistic nature rather than just with vascular or cardiac issues in mind. As part of these proposals, tertiary cardiology services would be based at the Royal Hospitals while cardiac surgery is already based at the Royal Hospitals.

In addition, the Royal Hospitals is identified as the Trust’s major trauma centre and vascular services form part of the range of services that are required to deliver a comprehensive trauma service.

Option three is the only option that can realise these advantages.

3.1.4 Access for users and carers

Both the Belfast City and Royal Hospitals are accessible for public transport access and a bus service runs between these sites and the City Centre continually during the day. Car parking availability is better at the Belfast City Hospital but work is ongoing to increase parking spaces at the Royal Hospitals site.

At the Belfast City Hospital, vascular patients requiring acute haemodialysis have access to a purpose built unit in Level 11. Patients at the Royal Hospitals currently receive haemodialysis on a short-term basis in the intensive care unit and further developments of an
appropriate location is essential to ensure appropriate access for vascular patients in the Royal Hospital.

Options 2 would locate vascular patients at the Belfast City Hospital offering those vascular patients, who require renal input, close access to the comprehensive dialysis service there. It would not however provide close access for vascular patients to specialist Cardiology and Cardiac Surgery services and would prevent the development of a single site ‘Cardiovascular Centre’.

Option 3 would deliver the benefit of close clinical links with specialist cardiology and cardiac surgery to all vascular patients and the combined expertise in the ‘cardiovascular centre’ but does require a dialysis service to be fully available at the Royal Hospitals.

3.1.5 Compatibility with Trust strategic direction

Vascular inpatient and day case services are best located at the hospital identified as the major trauma and ‘heart centre’ due to the appropriate clinical linkages with trauma, cardiology and cardiac services. This is the Royal Hospitals.

Again, only option three can realise these advantages.

3.2 Preferred option

The Project Team recommendation is for option three - bringing together the teams currently based in the Belfast City Hospital and the Royal Hospitals, to be located in a single specialist vascular unit at the Royal Hospitals, forming part of a cardiovascular centre and delivering vascular specialist access to the Trust’s major trauma centre. Outpatient services would continue to be delivered locally and are not part of this review.

3.3 What does this mean for patients?

Emergency vascular surgery patients are currently accepted at the Royal Hospitals and Belfast City Hospital Emergency Departments (EDs) on alternate days (this is known as ‘alternate take’), and every day in the Mater (and then transferred to the ‘take’ site as necessary). In the proposed system all emergency vascular surgical patients would be directed initially to the Royal Hospitals.
This change would be made in collaboration with the NI Ambulance Service (NIAS), so that any patient presenting with a suspected vascular surgical problem to the Ambulance Service would be taken to the Royal Hospitals. The trust will also engage with other clinicians that may refer to vascular services to ensure that patients are referred to the right place.

The development of the cardiovascular centre would bring together the vascular, cardiology and cardiac surgery teams, enabling the formation of a highly skilled, specialist team of surgeons, cardiologists, anaesthetists, nurses, Allied Health Professionals, professional & technical staff resulting in a higher, more consistent standard of care for vascular patients. Patients requiring major trauma services would also have access to this specialist team on site.

Vascular patients would be able to have equality of access to haemodialysis regardless of the Hospital they are attending.

The move to a single site would facilitate implementation of VSGBNI guidelines, comply with the guidance for vascular networks participating in aneurysm screening and be in line with the organisation of vascular services in the UK.

3.4 What does this mean for staff?

All members of the vascular 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.

All of the vascular team would have an increased opportunity to engage in multi-disciplinary working with colleagues in cardiology and cardiac surgery for example. Multi-disciplinary working has been shown to improve patient outcomes.

There would be a greater number of surgeons and other multi-disciplinary team members available for a single site rota than is possible with the current situation where multiple rotas are necessary. Combining services onto a single site will aid compliance with WTD even if it does not completely resolve the problem.

The vascular team would work more flexibly with staff, facilities and equipment when located in one centre and not split across two. This would facilitate economies of scale.
The proposal would also impact upon staff in renal and radiology services, who support vascular services and who will continue to provide services at both the Royal and Belfast City Hospitals.

3.5 What would this mean for each hospital?

The Royal Hospitals would be the entry point for all vascular elective and emergency patients, both inpatients and day cases. The Belfast City Hospital would no longer provide vascular inpatient and day case care. The haemodialysis service provided for vascular patients at the Royal Hospitals will require further development to enable the necessary service to be delivered to an appropriate standard.
SECTION 4
CONSIDERATION OF AVAILABLE DATA AND RESEARCH

4.1 Strategic Data Sources
4.2 Local Data Sources
4.3 Population Profile
4.4 Service User Profile
4.5 Staff Profile
4 Consideration of available data and research

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

4.1 Strategic Data Sources

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

- DHSSPS Priorities for Action 2009-10, 2010/11
- Public Service Agreement 2008-11
- Investing for Health Strategy 2002
- Developing Better Services (DBS)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- 2001 Census of Population (Northern Ireland)

The following sources are particularly relevant to Vascular Services:

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Published by</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>Improving stroke services in Northern Ireland</td>
<td>Department of Health, Social Services and Public Safety</td>
</tr>
<tr>
<td>2009</td>
<td>The Provision of Services for Patients with Vascular Disease</td>
<td>The Vascular Society of Great Britain and Ireland.</td>
</tr>
<tr>
<td>2009</td>
<td>Service Framework for Cardiovascular Health and Wellbeing</td>
<td>Department of Health, Social Services and Public Safety</td>
</tr>
</tbody>
</table>
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 in - Right Treatment, Right Place
- Excellence and Choice in Cardiology Services
- Human Resources Management Systems
- Equal Opportunities 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
- Northern Ireland Regional Interpreting Service
Table 2 - Population Data for Northern Ireland

<table>
<thead>
<tr>
<th>Section 75 Group</th>
<th>Northern Ireland Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>49.0%</td>
</tr>
<tr>
<td>Female</td>
<td>51.0</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>0 to 9</td>
<td>13.09%</td>
</tr>
<tr>
<td>10 to 19</td>
<td>14.33%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>14.14%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>13.80%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>14.27%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>11.42%</td>
</tr>
<tr>
<td>60 to 69</td>
<td>9.17%</td>
</tr>
<tr>
<td>70 to 79</td>
<td>6.23%</td>
</tr>
<tr>
<td>80 and Over</td>
<td>3.65%</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>40.26%</td>
</tr>
<tr>
<td>Protestant</td>
<td>45.57%</td>
</tr>
<tr>
<td>Other Religion</td>
<td>0.30%</td>
</tr>
<tr>
<td>No Religion or None Stated</td>
<td>13.88%</td>
</tr>
<tr>
<td><strong>Political Opinion</strong></td>
<td>(Based on seats in the NI Assembly October 2008)</td>
</tr>
<tr>
<td>DUP</td>
<td>36 seats</td>
</tr>
<tr>
<td>UUP</td>
<td>18 seats</td>
</tr>
<tr>
<td>Alliance</td>
<td>7 seats</td>
</tr>
<tr>
<td>SDLP</td>
<td>16 seats</td>
</tr>
<tr>
<td>Sinn Fein</td>
<td>27 seats</td>
</tr>
<tr>
<td>PUP</td>
<td>1 seat</td>
</tr>
<tr>
<td>Green</td>
<td>1 seat</td>
</tr>
<tr>
<td>Independent</td>
<td>1 seat</td>
</tr>
<tr>
<td>Ind Health Coalition</td>
<td>1 seat</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>(based on over 16s)</td>
</tr>
<tr>
<td>Single (never married)</td>
<td>33.1%</td>
</tr>
<tr>
<td>Married</td>
<td>48.45%</td>
</tr>
<tr>
<td>Re-married</td>
<td>2.67%</td>
</tr>
<tr>
<td>Separated</td>
<td>3.84%</td>
</tr>
<tr>
<td>Divorced</td>
<td>4.12%</td>
</tr>
<tr>
<td>Widowed</td>
<td>7.81%</td>
</tr>
<tr>
<td><strong>Dependent Status</strong></td>
<td>(based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)</td>
</tr>
<tr>
<td>Dependent Children</td>
<td>36.47%</td>
</tr>
<tr>
<td>No Dependent Children</td>
<td>63.53%</td>
</tr>
</tbody>
</table>
### Table 2 cont’d - Population Data for Northern Ireland

<table>
<thead>
<tr>
<th>Section 75 Group</th>
<th>Northern Ireland Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability</strong></td>
<td></td>
</tr>
</tbody>
</table>
| (based on households with one or more person with a limiting long-term illness) | Disabled: 41.21%  
Not Disabled: 58.69% |
| **Ethnic Group** |                            |
| White            | 99.15%                     |
| Irish Traveller  | 0.10%                      |
| Mixed            | 0.20%                      |
| Indian           | 0.09%                      |
| Pakistani        | 0.04%                      |
| Bangladeshi      | 0.01%                      |
| Other Asian      | 0.01%                      |
| Black Caribbean  | 0.02%                      |
| Black African    | 0.03%                      |
| Other Black      | 0.02%                      |
| Chinese          | 0.25%                      |
| Other Ethnic Group | 0.08%                  |
| **Sexual Orientation** | Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008) |

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

### 4.4 Population Profile: Belfast Health and Social Care Trust Area

The Belfast Health and Social Care Trust provides Health and Social Care to the populations of Belfast City Council and Castlereagh Borough Council. The following statistics refer to the population of both council areas.
### Table 3 - Belfast & Castlereagh Area Population By Section 75 Group

<table>
<thead>
<tr>
<th>Section 75 Group Area</th>
<th>Belfast Health and Social Care Trust Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>47.4%</td>
</tr>
<tr>
<td>Female</td>
<td>52.6%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>0 to 9</td>
<td>11.8%</td>
</tr>
<tr>
<td>10 to 19</td>
<td>14.4%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>15.9%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>13.0%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>14.0%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>10.6%</td>
</tr>
<tr>
<td>60 to 69</td>
<td>8.9%</td>
</tr>
<tr>
<td>70 to 79</td>
<td>7.2%</td>
</tr>
<tr>
<td>80 and Over</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>37.4%</td>
</tr>
<tr>
<td>Protestant</td>
<td>44.7%</td>
</tr>
<tr>
<td>Other Religion</td>
<td>0.6%</td>
</tr>
<tr>
<td>No Religion or None Stated</td>
<td>17.3%</td>
</tr>
<tr>
<td><strong>Political Opinion</strong></td>
<td></td>
</tr>
<tr>
<td>(Based on council seats on Belfast City and Castlereagh Borough Councils)</td>
<td></td>
</tr>
<tr>
<td>DUP</td>
<td>26 seats</td>
</tr>
<tr>
<td>UUP</td>
<td>12 seats</td>
</tr>
<tr>
<td>Alliance</td>
<td>8 seats</td>
</tr>
<tr>
<td>SDLP</td>
<td>10 seats</td>
</tr>
<tr>
<td>Sinn Fein</td>
<td>14 seats</td>
</tr>
<tr>
<td>PUP</td>
<td>2 seats</td>
</tr>
<tr>
<td>Traditional Unionist Voice</td>
<td>1 seat</td>
</tr>
<tr>
<td>Independent</td>
<td>1 seat</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>(based on over 16s)</td>
<td></td>
</tr>
<tr>
<td>Single (never married)</td>
<td>38.9%</td>
</tr>
<tr>
<td>Married</td>
<td>39.5%</td>
</tr>
<tr>
<td>Re-married</td>
<td>2.4%</td>
</tr>
<tr>
<td>Separated</td>
<td>5.1%</td>
</tr>
<tr>
<td>Divorced</td>
<td>4.8%</td>
</tr>
<tr>
<td>Widowed</td>
<td>9.2%</td>
</tr>
<tr>
<td>Section 75 Group Area</td>
<td>Belfast Health and Social Care Trust Population</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Dependent Status</strong></td>
<td>(based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)</td>
</tr>
<tr>
<td></td>
<td>Dependent Children</td>
</tr>
<tr>
<td></td>
<td>No Dependent Children</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>(based on households with one or more person with a limiting long-term illness)</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
</tr>
<tr>
<td></td>
<td>Not Disabled</td>
</tr>
<tr>
<td><strong>Ethnic Group</strong></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Irish Traveller</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
</tr>
<tr>
<td></td>
<td>Indian</td>
</tr>
<tr>
<td></td>
<td>Pakistani</td>
</tr>
<tr>
<td></td>
<td>Bangladeshi</td>
</tr>
<tr>
<td></td>
<td>Other Asian</td>
</tr>
<tr>
<td></td>
<td>Black Caribbean</td>
</tr>
<tr>
<td></td>
<td>Black African</td>
</tr>
<tr>
<td></td>
<td>Other Black</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td>Other Ethnic Group</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td>Research indicates that 10% of the population is LGB. (Source: Rainbow Project July 2008)</td>
</tr>
</tbody>
</table>

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

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

4.2.1 Ethnicity

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

4.2.2 NI Health and Social Care Interpreting Service Vascular Statistics for BCH 2009-2010

Table 4 - NI Health and Social Care Interpreting Service Requests for Vascular Services at Belfast City Hospital 2009-2010

<table>
<thead>
<tr>
<th>Area</th>
<th>Language</th>
<th>Number of requests</th>
<th>Percentage of total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 4 North</td>
<td>Lithuanian</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>5 North</td>
<td>Polish</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>Vascular Investigations Unit</td>
<td>Chinese Cantonese</td>
<td>–</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Chinese Hakka</td>
<td>–</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

4.2.3 NI Health and Social Care Interpreting Service Vascular Statistics for RGH 2009-2010

In total there were only three requests for the interpreting service at the RGH. Polish interpreting was requested once at the vascular lab and once in the vascular office. The Vascular Office also requested Chinese (Hakka) interpreting once.
4.5 Belfast Health and Social Care Trust: Service User Profile

4.2.4 Service User Profile

The following data are based on all 2,682 vascular admissions to the Belfast City Hospital and the Royal Group of Hospitals from 1 April 2008 to 31 March 2009, compared to the population of Belfast and Castlereagh LGD areas (Census 2001 data).

**Figure 3 - Vascular Finished Consultant Episodes by Gender 2008-2009**

![Vascular Finished Consultant Episodes by Gender 2008-2009](chart)

**Figure 4 - Vascular Finished Consultant Episodes by Age 2008-2009 (Populations is based on over-12s only)**

![Vascular Finished Consultant Episodes by Age 2008-2009](chart)
The Trust does not consistently collect data on the marital status, political opinion, dependent status, disability or sexual orientation of its patients.
4.6 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 82 people, employed in the service under review – 48 based at the City Hospital and 34 based at the Royal Victoria Hospital. This represents a Whole Time Equivalent of 68.88 posts. The staff include medical, nursing and administrative staff.

Doctors in short term rotational posts and staff such as radiographers and domestic staff who provide some input to the service along with carrying out work in other areas have not been included in the statistics.

The profile of staff directly involved in delivery of 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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Grouping</th>
<th>City Hospital</th>
<th>Royal Hospital</th>
<th>Both Sites</th>
<th>Belfast Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>8%</td>
<td>21%</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>92%</td>
<td>79%</td>
<td>87%</td>
<td>79%</td>
</tr>
<tr>
<td>Age</td>
<td>16-24</td>
<td>6%</td>
<td>3%</td>
<td>5%</td>
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</tr>
<tr>
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</tr>
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<td>Other</td>
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</tr>
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</tr>
<tr>
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<td>9%</td>
<td>11%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Political Opinion, Sexual Orientation and Dependents information is currently being collected by the Trust.
Gender

**Figure 7** shows the breakdown of staff by gender.

On the City Hospital site the Vascular Services is 92% Female and 8% Male. At the Royal Hospital it is 79% Female and 21% Male compared to 79% Female and 21% Male in the Trust as a whole.

Age

**Figure 8** shows staff by age band.

On the City Hospital site the Vascular Services is 92% Female and 8% Male. At the Royal Hospital it is 79% Female and 21% Male compared to 79% Female and 21% Male in the Trust as a whole.
At the City Hospital 81% are under 45 and 19% 45 and over. In the Royal Hospital 62% are under 45 and 38% 45 and over. In the Trust as a whole 61% of staff are under 45 and 39% 45 and over.

**Religion**

**Figure 9** shows the community background (religion) of staff.

![Figure 9: Staff by community background](image)

On both sites there is an overall total of 50% Protestants (50% at the City Hospital, 50% at the Royal Hospital), 49% Roman Catholic (48% at the City Hospital, 50% at the Royal Hospital) and 1% Other or Unknown. In the Trust as a whole 48% of staff are Roman Catholic, 45% Protestant and 7% Other or Unknown.

**Marital/Civil Partnership Status**

**Figure 10** shows that the marital status of staff.

![Figure 10: Staff by marital status](image)
On both sites, 60% are Married (54% at the City Hospital and 68% at the Royal Hospital), 38% are Single (44% at the City Hospital and 29% at the Royal Hospital) and 2% Other or Unknown (2% at the City Hospital and 0% at the Royal Hospital). This profile is similar to that of the Trust, where 55% of staff are recorded as married, 39% as single and 6% other or unknown.

Disability

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

Ethnic Origin

Figure 11 shows that the ethnic origin of staff.

On both sites ethnic origin is not recorded for 11% of staff. A combined total of 84% are White (81% City Hospital, 88% Royal Hospital) and 5% Other Races (6% City Hospital, 3% Royal Hospital). In the Trust as a whole 72% stated that they were White, 4% Other Races and 24% provided no information.

Political Opinion

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

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

Dependent Status

The Trust is currently collecting details of staff members’ dependents.
SECTION 5

CONSIDERATION OF ADVERSE IMPACTS

5.1 Scope

5.2 Equality Screening Outcome

5.3 Assessment of impact on Section 75 Groups – Vascular Services users

5.4 Assessment of impact on Section 75 Groups - Staff
5 Consideration of Adverse Impacts

5.1 Scope

The scope of this Equality Impact Assessment is to consider the equality and human rights impact associated with the proposal to deliver the two separate vascular inpatient and day case services currently located at the Belfast City Hospital and the Royal Hospitals at one location at the Royal Hospitals to form a specialist vascular inpatient and day case service to Belfast and beyond.

5.2 Equality Screening Outcome

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

5.3 Assessment of impact on Vascular Services users

Gender

There is a higher proportion of males (62.5%) than females (37.5%) that access Vascular Services at BCH and RVH. This differs in comparison to the Northern Ireland baseline population statistics where the male to female ratio is (47%: 53%). In relation to those inpatients that attend BCH 66% are male and 34% female. Given that the proposal involves inpatient Vascular Services moving from BCH to the RVH this would indicate a differential impact on male patients. Available information to date does not indicate the proposal would potentially have an adverse impact as the aim of this proposal is to improve and streamline Vascular Services to all inpatients irrespective of gender.

Age

The majority of inpatients attending Vascular Services at BCH AND RVH are in the 60 plus age group 71% at BCH and 66% at RVH. In BCH there are no inpatients in the 12-18, age group, 1% of inpatients are aged between 19-26, in the 27-35 age group, there are 2%, with 6% aged between 36-45, and in the 46-60 age group there are 18%. In the RVH there are no inpatients in the 12-18 age group. In the 19-26 age
group, there are 3%, in the 27-35 age group 3% and in the 36-45 age group 9%, with 19% in the 46-60 age group.

The number of patients in the 60 plus age group for both hospitals (66%) is high in comparison to the baseline population where approximately 21% of the population is aged 60 plus. This is in line with overall statistics, which indicate that the majority of patients affected by vascular illness tend to be in the 60 plus age group. There may therefore be a differential impact on this age group, however, current information available does not indicate an adverse impact.

Statistics show that 54.39% of the 60 plus age group have a long term limiting illness, (Source NISRA T48 Age – People, Family and Households). As the majority of patients are in this age group there may be an impact as outlined under Disability, etc.

**Religion**

Statistics show that of those patients that attended RVH, 36% were from a Protestant background and 29% from a Catholic background. Those inpatients whose religion was not known was 34% and those whose religion is described as ‘other’ was 1%. Of those inpatients that attended BCH, 57% were Protestant, 27% Catholic, 15% not known and 1% stated as other.

Assessment of impact reveals that the majority of patients that attended Vascular Services at both hospitals were from either a Protestant or Catholic background, which is reflective of the Northern Ireland baseline population statistics. However, there were a higher percentage of inpatients from the Protestant religion that attended both hospitals. There is, therefore potential for differential impact on patients from a Protestant background.

Both hospitals combined had a considerable percentage of patients (24.7%), whose religion was ‘not known,’ which is slightly higher than the baseline population of 17%.

Based on obtainable information there is no information to substantiate that the proposal would have an adverse impact in regard to religion. These key factors together with consideration of the new political climate of ‘normalisation’ in Northern Ireland, the short difference of just 1.5 miles between the two hospitals and the fact that patients from all
religions attend both hospitals does not suggest a potential adverse impact.

**Political Opinion**

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

**Marital Status**

Approximately half of patients in both the BCH (52.37%) and the RVH (46.44%) are married. Of those who attend BCH 24% are widowed, 12% single, 4% divorced, 0% common law status and 2% not known. At the RVH 13% are widowed, 11% single, 2% separated, 23% unknown, 4% divorced with no common law partnerships stated.

Given that the majority of all patients are married, there is potential for differential impact on patients who are married. However, relying on available information there is no evidence to suggest the proposal will have an adverse impact due to marital status.

**Dependant status**

The Trust does not currently collect data on dependent status. Given the nature of the illness and that the average age of the client group is 60 plus, there may be patients who are carers or patients who are dependants with carers. Assessment of available data to date does not reveal any apparent adverse impact in relation to dependent status. The Trust will, through its Equality Impact Assessment consultation process, strive to obtain additional information on this category to further aid assessment of impact.

**Disability**

The Trust does not currently collect information on disability, however, statistics show that 54.39% of the 60 plus age group have a long term limiting illness (Source NISRA T48 Age – People, Family and Households). As the majority of Vascular Services patients are 60 plus this would indicate there might be a considerable number of patients who have a disability. The degree of severity of the individual’s vascular
disease may also constitute as a disability, (The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

This proposal will involve all vascular inpatients attending the RVH. While there is a short difference of 1.5 miles between the two hospitals, it would depend on which direction patients would be travelling from, on whether or not there would be an impact regarding travel distance. The Royal Hospitals is however, supported by a range of public and private transport services.

**Ethnicity**

The Trust does not routinely collect information on ethnicity. Census statistics indicate that approximately 1% of the general population is from an ethnic background. The Trust recognises that these statistics do not provide a truly accurate and up-to-date reflection of the Northern Ireland population, given that it was conducted in 2001. Trust interpreting statistics do give some indication of the number of minority ethnic patients that accessed both BCH and RVH between 1\textsuperscript{st} April 2009 and 31\textsuperscript{st} March 2010.

Interpreting statistics for Vascular Services show that there were eleven requests for interpreting services during the 2009/2010 period. There were five requests for Polish (45.45%), four for Lithuanian (36.36%) and two for Chinese (18.18%). At RGH there were a total of three interpreting requests, two for Polish (66.67%) and one for Chinese (33.33%).

The Trust is cognisant that these interpreting statistics do not constitute a proxy indicator for ethnicity per se, but rather they represent the volume of minority ethnic individuals who are not competent in English and therefore have needed to avail of an interpreter. During the consultation process the Trust will engage widely with ethnic minority representative groups and community groups.

Taking these interpreting statistics into consideration it can be assumed that a particularly small number of ethnic patients who are not fluent in English would be impacted by this proposal. However, available data does not indicate an adverse impact.
Sexual Orientation

While the Trust does not currently collect data sexual orientation of its users, population trends of 10% are assumed for gay, lesbian and bisexual community. (Source: Rainbow Project July 2008). Through the Equality Impact Assessment consultation process, the Trust will endeavour to obtain information to assist assessment of impact.

5.4 Assessment of impact on Section 75 Groups – Staff

As the total number of staff included is small (82) each member of staff accounts for more than 1% of the total figure and at least 2% of the site specific figure.

Gender

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

Age

In the Trust as a whole 61% of staff are under 45 and 39% are 45 and over. In the areas under review 73% are under 45 and 27% are 45 and over. In the City Hospital the proportion of staff under 45 is higher (81%) compared to (55%) at the Royal Hospital. The age profile of staff means that any staffing reorganisation may have an adverse impact on younger staff.

Religion

The staff profile for the Trust is 45% Protestant, 48% Roman Catholic, and 7% Other/Not Known. Overall in Vascular Services, there are 50% Protestants (50% City Hospital Site, and 50% Royal Hospital Site), 49% Roman Catholics (48% at the City Hospital Site, and 50% Royal Hospital Site) and 1% Other or Unknown (2% at the City Hospital Site, and 0% at the Royal Hospital Site). This is similar to the Trust profile.
Marital/Civil Partnership Status

The staff profile for the Trust is 55% Married, 39% Single and 6% Other/Not Known. Overall in Vascular Services, there are 60% Married (54% at the City Hospital Site, and 68% at the Royal Hospital Site), 38% Single (44% at the City Hospital Site, and 29% at the Royal Hospital Site), and 2% Other or Unknown (2% at the City Hospital Site, and 3% at the Royal Hospital Site). There is therefore no potential for the proposal to have an adverse impact on staff of any particular marital status.

Disability

The proportion of Trust staff stating that they have a disability is 2%. At both locations there is only one person based at the City Hospital who stated that they had a disability. There is therefore unlikely to be potential for adverse impact on people with disabilities.

Ethnic Origin

At both locations ethnic origin is not recorded for 11% of staff, 84% state they are White and 5% Other Ethnic Origins. In the Trust as a whole 72% stated that they were White and 4% Other Ethnic Origin with 24% unknown. The proportion of staff who are not White is similar on both sites at the City Hospital (6%,) at the Royal Hospital (5%). This is similar to the proportion within the Trust as a whole so the proposed changes are unlikely to have an adverse impact on staff from any particular 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.

**Travel to Work**

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

Table 6:

<table>
<thead>
<tr>
<th>AREA</th>
<th>BCH</th>
<th>RGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO ANTRIM</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>CO ARMAGH</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>CO DOWN</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>DUNMURRY/LISBURN</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>EAST BELFAST</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>NORTH BELFAST</td>
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<tr>
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<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>SOUTH BELFAST</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>WEST BELFAST</td>
<td>13%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Staff travel from throughout Belfast to both sites. 13% staff working at the City Hospital are already travelling from West Belfast and 6% from North Belfast.
SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACTS / ALTERNATIVE POLICIES

6.1 Introduction
6.2 Service Users
6.3 Staff
6 Consideration of Measures to Mitigate Adverse Impacts

6.1 Introduction

This section will consider mitigation or alternative policies in relation to any possible adverse impact resulting from the proposal to deliver two separate vascular inpatient and day case services currently located at the Belfast City Hospital and the Royal Hospitals at one location at the Royal Hospitals to form a specialist vascular inpatient and day case service.

The amalgamation of the legacy trusts has provided the opportunity to reorganise vascular inpatient services in order to achieve better outcomes for patients. It would allow the prevention of duplication of medicines, equipment and the fragmentation of services providing better value for money allowing savings to be diverted to other areas of patient care.

The provision of inpatient Vascular Services at one site would allow the concentration of a highly skilled multi disciplinary team at one site ensuring a responsive 24/7 service, which would enable equality of opportunity and access to services for all patients.

These factors and other factors illustrated in the options appraisal (or consideration) section of this paper, highlight the benefits of this proposal to patients and evidence the mitigations involved with this proposal.

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 Services for both day case patients and inpatients at one site at the Royal Hospitals would have a significant adverse impact on any individual or group covered by Section 75.

The Trust will engage directly with representative groups as part of the consultation process to discuss and gather information to inform a comprehensive assessment of impact. The Trust is committed to taking account of all the information and perspectives gleaned throughout the consultation period to assist in the decision making process.
One of the core purposes of the Equality Impact Assessment consultation is to establish if this assessment is correct, or if there is further evidence which would indicate that the proposal will have a significant adverse impact.

6.2 Service Users

Gender

There is a higher proportion of males than females that access inpatient Vascular Services at BCH and RGH. While this would indicate a differential impact, available information does not suggest the proposal would potentially have an adverse impact. The purpose of the proposal is to improve the quality of Vascular Services to all inpatients. The proposal is aimed at improving the quality of vascular services enabling equality of access to services for all patients. The Trust will continue to monitor services and engage with representative groups to assess impact.

Age

The majority of inpatients attending Vascular Services at both hospital sites are in the 60 plus age group. However, this is in line with overall statistics, which indicate that the majority of patients affected by vascular illness tend to be in the 60 plus age group. Based on available information, there currently is nothing to evidence an adverse impact in regard to age. The proposal would involve all inpatient Vascular Services being delivered at one site at the Royal Hospitals. There is a short distance of 1.5 miles between the two hospital sites, however, the Royal Hospitals is supported by a range of public and private transport facilities. The Trust will, however, continue to monitor services and assess impact. The Trust will also continue to engage with users and representative groups to observe impact and ensure mitigating measures are implemented if required.

Religion

Assessment of impact reveals that the majority of inpatients that attended Vascular Services at both hospitals were from either the Protestant or Catholic religion. However, there were a higher percentage of inpatients from the Protestant religion that attended both hospitals. There is, therefore potential for differential impact on patients from the Protestant background. Based on available information, there
is no indication of adverse impact in relation to religion. Progress in the
development of political stabilisation in Northern Ireland over the last
decade has enabled the development of ‘normalisation’ assisting
equality of opportunity and access to services.

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

**Political Opinion**

The Trust does not currently collect data on patients’ 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**

The majority of inpatients that attend BCH and the RVH are married,
there is therefore potential for differential impact on this group. Based on
available information, given that both hospitals are centrally located and
a short distance apart there is no evidence to suggest an adverse
impact. The proposal is aimed at improving Vascular Services for all
patients to provide a responsive 24/7 service permitting equity of access
to services.

**Dependant status**

The Trust does not currently collect data on dependent status. Given the
nature of the illness and that the average age of the client group is 60
plus, there may be patients who are carers or patients who are
dependants with carers. Through the Equality Impact Assessment
consultation process, the Trust will engage with users, carers and
carers’ representatives to assess potential adverse impact and
implement mitigation if required.

**Disability**

The Trust does not currently collect information on disability, however,
statistics show that 54.39% of the 60 plus age group have a long term
limiting illness (Source NISRA T48 Age – People, Family and
Households)). As the majority of Vascular Services patients are 60 plus
this would indicate there may be a considerable number of patients who have a disability.

This proposal will involve all vascular inpatients attending the RVH. While there is a short difference of 1.5 miles between the two hospitals, it would depend on which direction patients would be travelling from, on whether or not there would be an impact regarding travel distance. The Royal Hospitals is centrally located and a range of public and private transport is available. A shuttle bus service is available between both The Belfast City Hospital and the Royal Hospitals. At the RVH a free Shopmobility service is available which provide self-propelling wheelchairs and mechanised scooters and a ‘sighted guide scheme’ to guide patients with visual impairment. The Trust will continue to engage with users and representative organisations to monitor impact.

**Ethnicity**

Census statistics indicate that approximately 1% of the general population is from a minority ethnic background. Interpreting statistics for Vascular Services show that there was a total of fourteen requests for interpreting at both BCH and RGH. Taking these statistics into consideration it may be assumed, that a particularly small number of minority ethnic patients who do not speak English proficiently would be affected by this proposal.

Based on the available information there is no indication that this proposal would have an adverse impact on patients from an ethnic background. The Trust will continue to ensure that the religious, spiritual and cultural needs of ethnic patients are considered in the provision of all services. The Trust will ensure that the needs of ethnic patients will be considered when communicating changes involved with this proposal. The Trust will continue to work with users and representative groups to monitor impact and ensure that minority ethnic patients have access to all Trust services.

**Sexual Orientation**

While the Trust does not currently collect data sexual orientation of its users, population trends of 10% are assumed for gay, lesbian and bisexual community. (Source: Rainbow Project July 2008). The Trust will continue to engage with representative organisations and community organisations to assist assessment of impact of this proposal in regard to sexual orientation.
Multiple Identity

The Trust recognises that not all patients, users and staff would fit solely into one Section 75 category. Therefore pure statistical information does not capture these multi-faceted complexities- e.g. a patient presenting with vascular problems may have a visual impairment and this 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.

Vascular 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 Staff

Mitigating measures for Staff

This proposal recommends the transfer of the inpatient Vascular-Endovascular service to the RVH site from the BCH site. At present there are 82 staff employed in Vascular Services, 48 located on the Belfast City Hospital site and 34 based at the Royal Group of Hospitals. In addition other staff such as domestics and radiographers provide services to many specialities including Vascular Services.

In order to facilitate this transfer of services some consideration must be given to the provision of imaging services to the proposed increased Vascular service at the RVH. At this point it is not anticipated that there will be a reduction in this pool of staff employed by the Belfast Trust however, it is anticipated that a portion of this pool of staff will be required to re-locate to the RVH from the BCH proportionate with this change of service. It is impossible to accurately estimate the exact number of staff that will be required at the RVH because the Belfast Trust is engaging with stakeholders on various service modernisation projects that will impact upon all staff including imaging staff, for
example projects that include services transferring from the RVH to the BCH may mitigate any effect on imaging staff. However, the Belfast Trust will seek volunteers from the current staff group at the BCH should the needs of the service require a transfer of staff to the RVH as a result of this proposal and the other service modernisation projects that the Trust is undertaking.

If the services provided at the City Hospital are transferred elsewhere in the Trust this will have an impact on a small number of Patient Client Support Services staff primarily in Domestic Services and Portering. Those staff affected will be individually interviewed in terms of their preferences with regard to redeployment. The Trust is confident that it will be in a position to offer redeployment opportunities within PCSS in the City Hospital for those staff who wish to remain there, subject to vacancies at the same grade arising.

Staff based at the City Hospital may need to move to another location if they want to remain within their chosen specialism. The post code analysis indicates that staff are already travelling from across Belfast and beyond to work. Staff in non-specialist posts are more likely to be able to be redeployed at their current location if this can be facilitated. Staff in some areas may need to be flexible and retrain or relocate to another area, but if they wish to remain working for the Trust, 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 and agreeing 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 proposal to centralise Vascular Services on the Royal Hospital site will impact most on staff currently working at the City Hospital as some staff will be needed to move from the City to the Royal in order to remain within their chosen specialism. The postcode analysis shows that in general junior staff, who are less likely to be in specialist posts, are more likely to live close to their place of work with more senior staff travelling
greater distances. Staff are already travelling to both sites from across Belfast and beyond. The Trust currently provides a free bus service for staff between the two sites.

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

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

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

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

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

The Trust will give consideration to the provision for different work patterns and/or arrangements to facilitate employees’ personal circumstances whenever possible, whilst ensuring efficient and effective service delivery. This will be facilitated through the Trust’s range of work/life balance policies and flexible working arrangements developed in partnership with Trade Union Side.

**Staff Support**

The Trust will put in place a range of support mechanisms for individual staff which may include as appropriate:
• Staff support
• Career counselling
• Training in application and interview preparation
• Retraining/re-skilling for new roles
• Advice and guidance on pension and early retirement where applicable
• Advice and guidance on Human Resource policies and procedures.

Partnerships

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

Conclusion

The measures outlined above, when implemented, are intended to mitigate any significant adverse impact for staff.
SECTION 7

FORMAL CONSULTATION, PUBLICATION AND MONITORING

7.1 Formal Consultation
7.2 Publication
7.3 Decision of the Public Authority
7.4 Monitoring
7 Formal Consultation, Publication and Monitoring

7.1 Formal Consultation

The public consultation on the reorganisation of vascular surgery opens on 5 July 2010 and will close on 31 October 2010. Any group or individual wishing to participate is invited to obtain a copy of the consultation document from the Trust website; http://www.belfasttrust.hscni.net/

Responses to this EQIA can be made using the questionnaire to be found at the end of this document. Before you submit your response, please read Appendix 3 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

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

- A press release will be prepared and submitted to various media outlets
- An advertisement inviting the public to comment on this matter will be placed in the main newspapers in Northern Ireland in accordance with normal practice
- A letter will be issued to Consultees listed in the Trust’s Equality Scheme.
- A consultation plan will be developed and put in place to ensure engagement with stakeholders.
- A copy of this report will be posted on the Trust website.

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 vascular surgery on the relevant groups and sub-groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the change results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.
## APPENDIX 1

### GLOSSARY OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AHP</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>BCH</td>
<td>Belfast City Hospital</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EQIA</td>
<td>Equality Impact Assessment</td>
</tr>
<tr>
<td>WTD</td>
<td>Working Time Directive</td>
</tr>
<tr>
<td>FCE</td>
<td>Finished Consultant Episode</td>
</tr>
<tr>
<td>LGB</td>
<td>Lesbian, Gay and Bisexual</td>
</tr>
<tr>
<td>NIAS</td>
<td>Northern Ireland Ambulance Service</td>
</tr>
<tr>
<td>RVH</td>
<td>Royal Victoria Hospital</td>
</tr>
<tr>
<td>SpR</td>
<td>Specialist Registrar</td>
</tr>
</tbody>
</table>
## GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th><strong>Allied Health Profession</strong></th>
<th>A clinical profession distinct from Medicine, Dentistry and Nursing, such as Physiotherapy, Occupational Therapy, Speech and Language Therapy and Dietetics.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day case</strong></td>
<td>A surgical procedure carried out without an overnight hospital stay.</td>
</tr>
<tr>
<td><strong>Elective Surgery</strong></td>
<td>A surgical procedure which has been planned and booked in advance.</td>
</tr>
<tr>
<td><strong>Emergency Surgery</strong></td>
<td>A surgical procedure which is of an urgent nature and has not been planned or booked in advance.</td>
</tr>
<tr>
<td><strong>European Working Time Directive</strong></td>
<td>A European law seeking to protect the health and safety of workers which limits the number of hours that doctors are allowed to work over an average week.</td>
</tr>
<tr>
<td><strong>Finished Consultant Episode</strong></td>
<td>An episode of medical treatment during which a patient is under the care of a single, named Consultant.</td>
</tr>
</tbody>
</table>
CONSULTATION QUESTIONNAIRE

Review of Vascular Surgery
Section 75 and Schedule 9
The Northern Ireland Act 1998

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

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

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

Before you submit your response, please read Appendix 3 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.
So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation if relevant. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name: 
Position: 
Organisation: 
Address: 

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

Do you agree with the impacts and mitigating measures outlined in the EQIA? 
YES ☐ NO ☐

If no, please comment:


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

Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?
Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?
The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.
THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE.
APPENDIX 3

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 vascular 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.