



Northern Health
and Social Care Trust

Reconfiguration of Acute Hospital Services

**Consultation and Equality Impact
Assessment – January 2009**

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Executive Summary

The Northern Health and Social Services Trust provide acute hospital services from four sites across the Trust area: Causeway Hospital, Coleraine, Antrim Hospital, Mid-Ulster Hospital, Magherafelt and Whiteabbey Hospital. Under the Developing Better Services (DBS) initiative, which has set out a strategic review of acute hospital services across Northern Ireland, the hospitals located at Magherafelt and Whiteabbey will become local hospitals, continuing to provide a wide range of hospital services including minor injuries, day surgery, out-patients, diagnostic tests including x-ray and CT scanning, as well as in-patient beds for rehabilitation (29 beds at Magherafelt and 60 beds at Whiteabbey). Emergency medicine or surgery, or surgery requiring an overnight stay, would not be provided at Whiteabbey or Magherafelt. These acute in-patient services would be provided from Antrim Hospital, Causeway Hospital or from the Belfast Hospitals.

There are particular difficulties trying to provide these acute emergency and in-patient surgical services from four hospitals in the Northern area:


- It is very difficult to attract trained Doctors to the smaller hospitals where they do not have the opportunity to develop the training and education needs required for them to sustain their skills, given the limited volumes and types of conditions that they would treat
- There are increasing regulations set out for Doctors working hours and conditions and these cannot be met under the current four hospital arrangement
- Whiteabbey and Mid Ulster Hospitals already have restricted training status so cannot provide a full training environment for junior Doctors. For this reason, and the reasons above, senior Doctors are therefore under greater pressure to provide cover in these areas. This means staff resources are stretched across the four hospitals and as a result the Trust very often relies on Doctors who take on temporary contracts (locums) to meet required staffing levels across the four acute hospital sites. This has implications for safety and quality of services provided and has significant financial implications.

It is proposed to review and potentially reconfigure inpatient services at Whiteabbey and Mid Ulster Hospitals through re-provision and increased capacity planned at Antrim Hospital and through Belfast hospitals. Under this proposal the needs of inpatients would be accommodated in better facilities and with reduced lengths of stay. A&E services would potentially be changed to high quality minor injuries units. Outpatients, day surgery, diagnostics and rehabilitation inpatient beds would continue to be provided in Whiteabbey and Mid Ulster. This is in keeping with the Developing Better Services (DBS) initiative. By concentrating acute hospital emergency and in-patient surgery services on two hospital sites rather than four within the Trust, it will mean that acutely ill patients are admitted to a hospital that has the appropriate skilled

staff and the support services, such as intensive care and advanced diagnostic services, that are needed to provide the most appropriate treatment, care and quality. Hospital services will be retained locally where it is safe to do so, and this means that out-patient clinics, day surgery, minor injuries and in-patient rehabilitation can all still be provided from Whiteabbey and Magherafelt.

The need to make these changes in the interest of safe and sustainable services means that the proposals could be phased from an early date in the current year, commencing first with the changes taking effect at Whiteabbey Hospital. By doing this we would reduce the risks associated with delivery of acute inpatient and Accident & Emergency Services in the Trust area, strengthening the medical staff rotas. The next phase of change would require further additional bed capacity at Antrim Hospital and would be phased based on the ability to create that extra space and on the presenting safety issues that would remain, covering medical rotas and securing appropriate medical cover.

This consultation is seeking your views on these proposals. You can write to the Trust, or use the Consultation Proforma Form (at the back of this document). Public meetings about these proposals are also planned and dates are included in this document and in local papers. Documents are available on the Trust web site or by contacting the Trusts Equality Unit. The closing date for the consultation is 6 March 2009.



Introduction

The purpose of this document is to seek views on the Northern Health and Social Care Trust's proposed reform and modernisation of Acute Hospital Services.

Statutory Context Section 75 NI Act 1998

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

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

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

The Equality Commission for Northern Ireland (ECNI) approved the Trust's Equality Scheme in June 2001. 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?

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

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

Comprehensive Spending Review

In January 2008, the Trust received notification from the Department of Health, Social Services and Public Safety (DHSSPS) of the investment funds expected in services in the Northern Board area over the period 2008-2011 and the requirement to deliver cash releasing efficiency savings of £44m over the same period. The 2008-2011 Comprehensive Spending Review (CSR) cash releasing requirement will represent the greatest financial challenge in the history of the Northern Ireland Health and Personal Social Services. The Northern Health and Social Care Trust has responded to this challenge and has identified, through a process of reviewing all aspects of its organisation and services, proposals to achieve the required savings. Underpinning the overall approach will be a culture of financial stability and respect for financial control, whilst keeping the patient/client at the centre of all we do.

The Trust identified proposals across its service areas that it considered would, if implemented, contribute to achieving the required savings over the three year period. Many of these proposals, including this proposal for reform of acute hospital services, were not driven by achieving savings but were in keeping with the aims of health and social care to provide safe services, to support people to live independently, at home, avoiding the need for hospitalisation and institutional care where possible. However in achieving these aims there is also potential for improved efficiency. These proposals are draft and decisions have not been made. The Trust has equality screened all the proposals and indicated where a full equality impact assessment (EQIA) would be carried out. The Trust has produced and consulted on an overarching Equality Impact Assessment (EQIA) which details the outcomes of the screening process. The views of a wide range of stakeholders were sought during the consultation of the overarching EQIA.

This consultation document sets out the full Equality Impact Assessment on one of the proposals screened in for EQIA, namely Acute Hospital Services Reform. This EQIA has been conducted to ensure that the Trust fulfils its Section 75 equality obligations and will determine any equality implications for those directly affected by the proposal.

This report has been made available as part of the Formal Consultation stage of the EQIA on Acute Hospital Services Reform with the Northern Health and Social Care Trust. The Trust welcomes your views on:

- this EQIA,
- data sources relied upon, and
- mitigation measures that have been identified for those directly affected by these proposals.

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

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

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Deadline for comments will be 6 March 2009.

To facilitate comments please see Appendix 1 – Consultation Proforma. Following consultation a summary report will be made available.

In compliance with the legislation, when making any final decision the Trust will take into account this equality impact assessment and the feedback received from any consultation carried out in relation to these proposals.

Background to the Policy

Context

In advance of the implementation of the regional strategy for acute hospital services across Northern Ireland - set out in *Developing Better Services* in 2005 - an assessment of the Northern Trust acute hospital services identified a number of risks in sustaining services in the interim. At that time, changes were made to Maternity services at Mid Ulster Hospital and Accident and Emergency services at both Whiteabbey and Mid Ulster hospitals; protocols were put in place for dealing with major trauma cases and services for ill children. Whilst these actions have reduced the risks, significant challenges still remain for acute hospital services including:

- It is very difficult to attract trained doctors, and other professionals, to permanent acute services positions in the smaller hospitals where they do not have the opportunity to develop the training and education needs required for them to sustain their skills.
- Sustaining four acute hospitals can require Consultants and senior doctors to participate in rotas that are in excess of what they might expect in a modern acute hospital setting. There are regulations set out for Doctors working hours and conditions and these are increasingly difficult to meet under the current working arrangements.
- Whiteabbey and Mid Ulster Hospitals have restricted training status in some specialties so cannot provide a full training environment for junior doctors. These hospitals have a smaller volume of patients presenting for acute services with a limited case mix or range of conditions. In a modern acute hospital doctors in training would expect to see and to gain experience in a broader range of cases and conditions. Senior medical staff are therefore under greater pressure and resources are stretched to provide services across all four hospital sites.
- As a result the Trust currently very often relies on doctors who take on temporary or short-term contracts (i.e. locums) to meet required staffing levels across the four acute hospital sites. This has implications for safety and quality of services provided and indeed has significant financial implications.
- Concentrating acute hospital services on two sites rather than the current four will enable the development of larger, more specialised teams of clinical staff and this will result in a higher standard of care for acutely ill patients and also to meet working conditions required to attract and retain skilled doctors and other professionals.

Current Acute Hospital Services

The Northern Health & Social Care Trust provides acute hospital services from four hospitals across the Trust area: Antrim Area Hospital, Causeway Hospital in Coleraine, Whiteabbey Hospital and Mid Ulster Hospital in Magherafelt. Antrim is the largest hospital, providing about half of all of the Trust’s hospital services. Causeway Hospital is also a large hospital, dealing with about twice as much activity as the smaller hospital sites at Whiteabbey and Mid Ulster. Other hospitals in the Trust area include Braid Valley Hospital in Ballymena, Dalriada Hospital in Ballycastle, Moyle Hospital in Larne and the Robinson Hospital in Ballymoney. Services in these hospitals are not acute services but do include a range of outpatient services and inpatient rehabilitation. This paper focuses on the future of general acute hospital services.

Locations of the current acute hospitals in Northern Trust area



Services currently provided at the four acute hospitals

Services	Antrim Hospital	Causeway Hospital	Mid Ulster Hospital	Whiteabbey Hospital
Acute Inpatients – patients staying in hospital overnight with significant medical or surgical conditions, or for an operation	√	√	√	√
Day Surgery – planned operations where the patient can go home the same day	√	√	√	√
Outpatient appointments with Hospital Consultants	√	√	√	√
Accident & Emergency Services	√	√	√ (Restricted opening - No blue light ambulances except cardiac ambulance)	√ (Restricted opening - No blue light ambulances except cardiac ambulance)
Diagnostics including radiology/x-ray services	√	√	√	√
Rehabilitation Inpatient beds for patients who need recovery, convalescence and rehabilitation			√ (29 beds)	√ (60 beds)
Allied Health Professions (physiotherapy, dietetics, speech & language, orthoptics, podiatry, occupational therapy)	√	√	√	√
Palliative Care Inpatient services	<i>Specialist Palliative Care Beds At planning stage</i>	<i>Specialist Palliative Care Beds within Causeway locality At planning stage</i>	<i>Community Palliative Care Beds At planning stage</i>	<i>Community Palliative Care Beds At planning stage</i>
Renal Dialysis	√	<i>At planning stage</i>		
In-patient Maternity Services	√	√		

This table has been updated on 9 January 2009 clarifying Palliative Care Services. Copies of the document downloaded before that date will have the earlier version of this table.

Activity over Four Acute Hospital Sites 2007/08

Hospital	No of Inpatient Admissions	No of Day Cases	Total No of Consultant Outpatient Attendances	Total No of A&E Attendances
Antrim Area	25243	8161	61846	61288
Causeway	12261	6717	55825	39017
Mid-Ulster	5168	3440	25905	18997
Whiteabbey	2927	5127	20078	22489
Trust Total	45599	23445	163654	141791

Principles Guiding the Changes Proposed

- ◆ To provide as much service as we can locally and safely, and centralise only where absolutely necessary
- ◆ To improve the quality of services and ensure that acutely ill or injured patients are admitted to hospitals that provide appropriate acute services with access to intensive care and with the necessary clinical support services
- ◆ To secure acute hospital services to serve the population of the whole of the Northern Trust area, providing high quality care that can attract and retain skilled doctors, nurses and other professionals, can provide services to recognised standards, can meet training needs and provide appropriate working conditions.

Proposed Changes

It is proposed to review and potentially reconfigure inpatient services at Whiteabbey and Mid Ulster Hospitals through re-provision and increased capacity planned at Antrim Hospital and Belfast hospitals. Under this proposal the needs of inpatients would still be accommodated in better facilities and with reduced lengths of stay. A&E services would potentially be changed to high quality minor injuries units. Outpatients, day surgery, diagnostics and rehabilitation inpatient beds would continue to be provided in Whiteabbey and Mid Ulster. This is in keeping with the Developing Better Services (DBS) initiative. The proposed changes to acute hospital services in the Northern Trust area are as follows:

- ◆ The Northern Trust proposes to focus on providing acute inpatient services from Antrim and Causeway Hospitals. This means that acutely ill patients will be treated in Antrim, Causeway or in one of the Belfast Hospitals. These patients will have access to the standard of clinical expertise, advanced diagnostics and treatments that are available in a modern acute hospital. A new ward block planned for Antrim will ensure extra capacity and avoid any reduction of in-patient services overall. However this new ward block will not be available for some time and it is proposed to make changes in a phased way from an early date in the current year, commencing with acute in-patient and Accident & Emergency services at Whiteabbey Hospital. Further changes would be phased based on availability of additional bed capacity and the presenting issues faced in providing appropriate medical cover and rotas
- ◆ Accident & Emergency Services open 24 hours a day, seven days a week, provided from Antrim and Causeway Hospitals with Whiteabbey and Mid Ulster hospitals providing redesigned high quality minor injuries services capable of providing treatment for 70% of the existing conditions presenting there.
- ◆ Whiteabbey and Mid-Ulster Hospitals will continue to provide a wide range of services including day surgery, Consultant outpatient clinics, allied health professional services as well as radiology and other diagnostic services. A CT scanning service (mobile) is proposed for the Whiteabbey Hospital.
- ◆ Whiteabbey and Mid-Ulster Hospitals will continue to offer rehabilitation inpatient services (beds will be maintained at current levels), providing intensive rehabilitation to enable speedier patient recovery and discharge.
- ◆ It is proposed that new Health and Care Centres (HCCs) would be built on the Whiteabbey and Mid Ulster sites to enable primary care (GP) services to work from the same facility as local hospital services and share access to diagnostics and allied health professional services. It should be noted that these developments will depend on capital funding for the new buildings and the proposals for reform of the acute in-patient and Accident & Emergency services, in the interests of safe and sustainable services, would be taken forward in advance of these new buildings.
- ◆ The proposed changes in acute services will be supported by the development of community-based services to ensure people can stay at home for as long as possible, can avoid the need for hospitalisation and where a stay in an acute hospital is needed it will be as short a time as possible. Community-based professionals will also work with voluntary and community organisations and other independent

providers to ensure services are provided to recognised standards and as far as is possible are locally accessible.

In order to develop additional capacity at Antrim Hospital, the Trust will submit a business case to the DHSSPS for a minimum of 48 acute beds and 12 bedded palliative care unit at Antrim Hospital. This development depends on capital and revenue investment.

Policy Aim

Through the reconfiguration of acute hospital services the Trust aims to significantly address the risks associated with providing acute hospital services from smaller hospital sites and create the clinical environment within which we can attract and retain professional staff.

Consideration of Available Data and Research

Data Sources

The Trust has relied on the following quantitative and qualitative information when considering the equality implications of this proposal.

- Programme for Government (PFG) 2008/11
- Developing Better Services (DBS)
- DHSSPS Priorities for Action (PFA) 2008-09
- Northern Ireland Statistics and Research Agency(NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- The Equal Opportunities Commission for Northern Ireland (EOCNI) Cost of Caring Report 1993
- Regional Strategy 'A Healthier Future (2005-2025)
- Health and Well Being Survey 2005
- Noble Deprivation Measures
- 2001 Census of Population (Northern Ireland)
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- RQIA Maternity Services Report
- Appleby Report
- PWC Report 2005 – Clinical Risk Assessment for Smaller Hospitals
- NHSSB Health and Wellbeing Investment Plan (HWIP)
- Business cases/ service development proposals
- Trust Complaints Report
- Adverse Incidents Reports
- Trust Board Monthly Performance Report
- Clinical Audit Annual Report
- NHSCT Strategic Response to the Comprehensive Spending Review 2008 – 2011
- Available data in respect of Section 75 groupings for current service users and staff

This list is not exhaustive.

Population Profile

Northern Area Population – Census 2001 by Section 75 Groups

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965)
Gender	Female 51.25% Male 48.75%
Age	0 -15 23.09% 16-24 11.91% 25-44 29.34% 45-64 22.38% 65-84 11.94% 85+ 1.33%
Religion	Protestant 56.44% Roman Catholic 29.07% Not Known 14.44%
Political Opinion	Not collected
Marital Status	Single 30.63% Married 57.60% Not Known 11.77%
Dependent Status (based on 158,520 households)	Households with dependent children 36.40%
Disability (based on 158,520 households)	Household with one or more persons with a limiting long term illness 38.61%
Ethnicity	Black African – 0.02% Irish Traveller – 0.05% Bangladeshi – 0.01% Pakistani – 0.04% Black Caribbean – 0.01% Mixed Ethnic Group– 0.18% Chinese – 0.23% White – 99.29% Indian – 0.09% Not Known – 0.05% Other Black – 0.01%
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008

Northern Area Population – Census 2001 by Gender and Religion within Northern Trust Legacy Areas

		Homefirst/United	Causeway
Gender	Female	50.9%	51.5%
	Male	49.1%	48.5%
Religion	Protestant	56.4%	55.8%
	Roman Catholic	28.5%	30.8%
	Not known	15.1%	13.4%

Religious Composition of Northern Area Population by Local District Government Area (Census 2001)

	Local District Government Area									
	Antrim	Ballymena	Magherafelt	Cookstown	Larne	Carrickfergus	Newtownabbey	Coleraine	Ballymoney	Moyle
Protestant	40.85%	58.95%	25.73%	32.4%	55.05%	60.0%	56.02%	54.38%	50.98%	31.72%
Roman Catholic	35.1%	18.96%	61.52%	55.18%	22.25%	6.46%	17.09%	24.14%	29.55%	56.61%
Other	6.69%	9.07%	6.44%	5.66%	6.91%	10.69%	8.80%	6.41%	8.21%	2.22%
Not known	17.26%	13.04%	6.31%	6.77%	15.79%	22.84%	18.09%	15.06%	11.26%	9.45%

Source: NISRA 2001 Census figures

Population Profile by Age (Mid Year Population Estimates for 2006)

Age Band	Local District Government Area										Total NHSCT Population
	Antrim	Ballymena	Magherafelt	Cookstown	Larne	Carrickfergus	Newtownabbey	Coleraine	Ballymoney	Moyle	
0-4	3800 7.2%	4000 6.4%	3100 7.2%	2500 7.1%	1800 5.7%	2500 6.2%	5200 6.4%	3200 5.6%	2000 6.7%	1000 6.0%	29100
5-19	11100 21.1%	12100 19.5%	9500 22%	7800 22%	6100 19.4%	8000 20%	16100 19.7%	11700 20.6%	6200 20.8%	3500 20.8%	92100
20-64	31500 60%	36400 58.6%	25500 59.2%	20800 58.8%	18600 59.2%	23800 59.4%	48000 58.7%	32700 57.7%	17400 58.4%	9600 57.1%	264300
65-74	3600 6.9%	5200 8.4%	2800 6.5%	2300 6.5%	2800 8.9%	3200 8.0%	6700 8.2%	5100 9.0%	2300 7.7%	1500 8.9%	35500
75-84	1900 3.6%	3300 5.3%	1700 3.9%	1500 4.2%	1600 5.1%	2000 5.0%	4500 5.5%	3000 5.3%	1400 4.7%	900 5.4%	21800
85+	600 1.1%	1100 1.8%	500 1.2%	500 1.4%	500 1.6%	600 1.5%	1300 1.6%	1000 1.8%	500 1.7%	300 1.8%	6900
All Ages	52500	62100	43100	35400	31400	40100	81800	56700	29800	16800	449700

Source: Northern Ireland Statistics and Research Agency (NISRA) - Northern Health and Social Services Board – Mid Year Population Estimates for 1991, 2001 & 2006

* The above MYE figures are rounded to the nearest 100 and therefore totals may not agree to sum of components.

* There may be some level of inaccuracy in the above data given groups such as migrant workers (and others) who may not be reflected within the census.

The above table shows that the age breakdown is broadly similar across all 10 local District Government areas in terms of population percentage.

The following table illustrates population projections for the NHSCT. These projections are based on the 2002 mid-year population estimate.

Population Projections for NHSCT (2007–2017)

Projected Population - NHSCT							
	2007	2009	2011	2013	2015	2017	2007-2017
0-4	27389 (6.2%)	27264 (6.1%)	27334 (6.1%)	27504 (6.1%)	27678 (6.1%)	27850 (6.1%)	461 (2.5%)
5-19	92351 (21.0%)	90894 (20.5%)	89536 (20.0%)	88530 (19.6%)	87814 (19.3%)	87073 (19.0%)	-5278 (-28.4%)
20-64	257,065 (58.4%)	259,030 (58.3%)	260,928 (58.2%)	261,793 (57.9%)	262,739 (57.7%)	263659 (57.4%)	6594 (35.4%)
65-74	35000 (7.9%)	37245 (8.4%)	39080 (8.7%)	41089 (9.1%)	42545 (9.3%)	43859 (9.6%)	8859 (47.6%)
75-84	21,566 (4.9%)	22178 (5.0%)	22954 (5.1%)	24076 (5.3%)	25303 (5.6%)	26553 (5.8%)	4987 (26.8%)
85+	7122 (1.6%)	7693 (1.7%)	8277 (1.8%)	8833 (2.0%)	9427 (2.1%)	10109 (2.2%)	2987 (16.1%)
All Ages	440493	444304	448109	451825	455506	459103	18610

Source: NISRA (Northern Health and Social Services Board Mid Year Population Estimates for 1991, 2001 & 2006)

*These figures have been rounded to the nearest 100 and so totals may not add to the sum of the columns.

The table indicates that the NHSCT population is expected to increase by 4.2% by 2017 (an increase of 18,610 people).

The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over a 10 year period.

Profile of Current Staffing in the Northern Health & Social Care Trust

Workforce by Section 75 Groups (with comparison as at 1 January 2007 and 2008)

SECTION 75 GROUP		WORKFORCE PROFILE AS AT 1 JANUARY 2007	WORKFORCE PROFILE AS AT 1 JANUARY 2008	DIFFERENTIAL
Gender	Female	86.4%	87.0%	+0.6%
	Male	13.6%	13.0%	-0.6%
Religion	Protestant	58.8%	59.0%	+0.2%
	Roman Catholic	34.2%	34.6%	+0.4%
	Not known	7.0%	6.4%	-0.6%
Political Opinion	Not collected			
Age	16-24	7.2%	6.8%	-0.4%
	25-34	21.8%	20.3%	-1.5%
	35-44	30.6%	30.4%	-0.2%
	45-54	27.5%	28.9%	+1.4%
	55-64	12.4%	12.8%	+0.4%
	65+	0.5%	0.8%	+0.3%
	Not known	---	---	---
Marital Status	Single	23.2%	23.5%	+0.3%
	Married	71.2%	70.7%	-0.5%
	Other/Not known	5.6%	5.8%	+0.2%
Dependant Status	Not collected			
Disability	Yes	0.9%	0.9%	---
	No	77.0%	79.0%	+2.0%
	Not known	22.2%	20.1%	-2.1%
Ethnicity	Black African	0.08%	0.07%	-0.01%
	Bangladeshi	0.01%	0.01%	---
	Black Caribbean	0.02%	0.02%	---
	Chinese	0.06%	0.03%	-0.03%
	Indian	0.87%	0.82%	-0.05%
	Irish Traveller	0.03%	0.02%	-0.01%
	Pakistani	0.14%	0.07%	-0.07%
	Mixed Ethnic	0.11%	0.11%	---
	Filipino	0.02%	0.08%	+0.06%
	White	64.24%	65.41%	+1.17%
	Other/Not known	34.43%	33.35%	-1.08%
Sexual Orientation	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008			

Profile of Current Staffing in Acute Hospitals in the Northern Health & Social Care Trust

Workforce by Section 75 Groups

SECTION 75 GROUP		Antrim, Causeway, Mid-Ulster & Whiteabbey	Mid-Ulster	Whiteabbey
Gender	Female	83.6%	85.8%	84.1%
	Male	16.4%	14.2%	15.9%
Religion	Protestant	55.6%	35.5%	70.8%
	Roman Catholic	34.8%	58.1%	20.6%
	Not known	9.6%	6.4%	8.6%
Political Opinion	Not collected			
Age	16-19	1.0%	1.4%	0.8%
	20-24	8.1%	10.2%	6.5%
	25-29	12.4%	12.2%	8.3%
	30-34	11.6%	11.9%	10.5%
	35-39	13.5%	9.2%	13.8%
	40-44	14.2%	12.5%	12.4%
	45-49	15.1%	15.3%	16.4%
	50-54	12.4%	14.6%	14.7%
	55-59	7.7%	8.8%	10.2%
	60+	4.0%	3.9%	6.4%
Marital Status	Single	29.2%	31.1%	24.3%
	Married	66.4%	65.9%	69.1%
	Other/Not known	4.4%	3.0%	6.6%
Dependant Status	Not collected			
Disability	Yes	0.8%	0.6%	1.3%
	No	83.5%	93.1%	91.4%
	Not known	15.7%	6.3%	7.3%
Ethnicity	Black African	0.2%	0.0%	0.3%
	Bangladeshi	0.0%	0.0%	0.0%
	Black Caribbean	0.1%	0.1%	0.1%
	Chinese	0.1%	0.0%	0.0%
	Indian	1.3%	1.8%	1.8%
	Irish Traveller	0.0%	0.0%	0.0%
	Pakistani	0.1%	0.5%	0.0%
	Mixed Ethnic	0.1%	0.2%	0.3%
	Filipino	0.1%	0.0%	0.5%
	White	65.3%	89.4%	87.0%
	Other/Not known	32.7%	8.0%	10.0%
Sexual Orientation	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008			

Profile of users of Accident & Emergency Departments across 4 acute hospital sites - (2007/2008)

Section 75 Group		Antrim Area Hospital	Causeway Hospital	Mid-Ulster Hospital	Whiteabbey Hospital	Average across all four acute hospitals	Average across Whiteabbey and Mid Ulster	Average across Antrim and Causeway
Gender	Male	52.4%	55.4%	59.2%	52.7%	54.9%	56%	54%
	Female	47.6%	44.6%	40.8%	47.3%	45.1%	44%	46%
Age	0-14	17.8%	18.8%	12.5%	14.3%	15.8%	13.4%	18.3%
	15-24	15.8%	18.5%	20.6%	15.2%	17.5%	17.9%	17.1%
	25-34	14.3%	12.7%	15.8%	12.6%	13.8%	14.2%	13.5%
	35-44	13.2%	12.9%	12.8%	14.1%	13.3%	13.45%	13.1%
	45-54	10.1%	10.9%	10.8%	12.4%	11.1%	11.6%	10.5%
	55-64	8.8%	8.5%	9.4%	10.3%	9.3%	9.85%	8.7%
	65+	20.0%	17.7%	18.1%	21.1%	19.2%	19.6%	18.8%

Distances and travel times between Whiteabbey/Mid-Ulster Hospital and other acute hospitals

	Whiteabbey Hospital	Mid-Ulster Hospital
Causeway Hospital	49.4 miles 1 hour 5 minutes	29.8 miles 48 minutes
Antrim Area Hospital	13.5 miles 21 minutes	19.1 miles 26 minutes
Average travel distance to Belfast Trust Hospitals (BCH, RVH & Mater)	7.1 miles 13 minutes	36.2 miles 46 minutes
Craigavon Hospital	-	33.5 miles 56 minutes
Altnagelvin	-	39.3 miles 56 minutes

Source: [google.co.uk/maps](https://www.google.co.uk/maps)

Consideration of Impact

Assessment of the Impact of Proposal on Service Users by Section 75 Equality Groups

With regard to the information gathered above, in respect of the 9 equality categories, the Trust has noted the following in relation to the current population of the Northern Trust area and the users of Whiteabbey and Mid Ulster Hospitals.

Between men and women generally

The gender profile for the Northern Health and Social Care Trust's population (in accordance with the 2001 Census) was 51.25% female compared with 48.75% male. The gender profile of users of Accident and Emergency during 2007/08 at the Whiteabbey and Mid Ulster Hospitals is 56% male and 44% female. This is in keeping with the gender profile of users across the four acute hospital sites in the Northern Trust area.

Evidence shows that women are at greater risk of experiencing poverty, multiple deprivation and exclusion. This is reflected in studies which suggest that 57% of adults in poor households are women (*Ref: Bare Necessities – Poverty and Social Exclusion in Northern Ireland, Democratic Dialogue, October 2003*). Moreover, single people with children, who are more likely to be female, have the highest risk of poverty overall (*Ref: Households Below Average Income, DSD*).

Life expectancy is higher for women than men, although they are likely to suffer more ill health than men. In 2003-05 life expectancy was 80.8 for women and 76.0 for men (*Ref: Health and Social Care Inequalities Monitoring System: First Update Bulletin 2004, DHSSPS*) in non-deprived wards. Life expectancy for those in deprived wards was somewhat lower, at 77.9 years for women and 72.0 years for men.

There is a clear relationship between deprivation and health outcomes. Those in deprived areas tend to experience worse health outcomes, they are more likely to suffer from increased morbidity and mortality and higher levels of mood and anxiety disorders, while the teenage birth rate in deprived areas is 71% higher than the Northern Ireland average.

Both boys and girls from areas of high deprivation, however, are more likely to leave formal education with no qualifications. This is a key concern as it significantly limits their life opportunities and contributes to a cycle of deprivation. In the 2005-06 school year, 24.3% of Protestant pupils entitled to free school meals achieved 5+ GCSEs A-C, compared to 35.2% of Roman Catholic pupils entitled to free school meals.

Addressing the causes and consequences of poverty and exclusion is likely, therefore, to impact marginally more on women than men, given women are more likely to experience poverty.

Persons of different age

The age profile of users of Accident during 2007/08 at the Whiteabbey and Mid Ulster sites was 19.6% in the 65+ age band, 13.4% in the 0-14 age band and 26.6% in the 25-44 age band. This is reflective of the average age bands across the four acute hospital sites.

Poverty and exclusion can have a negative impact on children's upbringing and can reduce the chances of children enjoying a happy childhood, achieving skills and qualifications and as a result can significantly impact on outcomes in later life.

While younger households are more likely to experience poverty, there would also appear to be particular issues with regard to older people, who tend to have lower incomes, are more benefit dependent and spend more on necessities than the rest of the population. In 2004/05, 52.8% of pensioner household weekly expenditure was on necessities (*Ref: Expenditure and Food Survey, NISRA*). They also experience other forms of exclusion, such as isolation from friends, relatives, services and facilities and increased fear of crime (*Ref: Ageing in an Inclusive Society, OFMDFM, 2005*). Recent work undertaken by Help the Aged indicates that 53% of older people feel that loneliness is the major issue facing older people today (*Ref: Statement of Key Inequalities in Northern Ireland, Equality Commission for Northern Ireland, October 2007*). The Northern Ireland Equality Commission's 2006 survey "Attitudes and Awareness of Equality Issues Amongst the General Public in Northern Ireland" revealed that older people in Northern Ireland perceived that they are treated unfairly.

Older people living in remote areas or on disadvantaged housing estates have difficulty accessing the sorts of opportunities that most people in society can often take for granted. This is a particular issue for pensioners in rural areas who are more likely to be in poverty than those in urban areas. For older women, participation can be further constrained by pensioner poverty.

The Trust is mindful of the demographic trends. There is recognition that the over 65 population will continue to need more care than younger age groups. It is therefore likely that there will be an increasing intensity of expenditure on health and care services for this age group.

Persons with or without a disability

Of the Section 75 categories, adults with a disability and children with a disability have the highest risk of poverty before social transfers (*before social*

transfers excludes from household income all social cash transfers including state pensions and state benefits) at 77% and 70% respectively in 2004-05 (Ref: Households Below Average Income DSD). After social transfers the risk of poverty for adults with a disability was 26% and children with a disability was 37%. Research also highlights the fact that disabled people may face particular difficulties when accessing public and social services such as transport, housing and financial services.

Persons of different marital status

Marital status is associated with poverty. The population profile for the Northern Trust 2001 Census was as follows: single 30.63%, married 57.60%, not known 11.77%. Those who are separated have the highest rate of poverty followed by those who are divorced and then single people. (Ref: *Households Below Average Income DSD*).

Persons of different religious belief

The available data on adults living in lower-income households suggests that there is an approximate balance between the Protestant and Roman Catholic communities in the numbers living in such households, although data shows that Roman Catholics are at greater risk of multiple deprivation.

The population profile for the Northern Trust area, in the 2001 Census was as follows: Protestant 56.44%, Roman Catholic 29.07% and not known 14.44%.

Within the Newtownabbey area, 56.02% is Protestant and 17.09% is Roman Catholic. Within Magherafelt and Cookstown, 29.06% is Protestant and 58.35% is Roman Catholic. Whilst the religious profile of the Newtownabbey area is reflective of the Northern Trust population as a whole, the reconfiguration of the Mid Ulster Hospital may have an impact on the local Roman Catholic community in the Magherafelt and Cookstown areas, although travel times to alternative A&E facilities will still be well within acceptable guidelines. The Trust is committed to monitoring for any future adverse impact.

Persons with/without dependants

Households caring for children or dependant adults have higher poverty rates and are at greater risk of multiple deprivation than those without dependants. In 2004/05, 24% of couples with children were at risk of poverty compared to 18% of couples with no children (Ref: *Households Below Average Income, DSD*). Single parent households, which are more likely to be female, experience an elevated risk of poverty and exclusion compared to other groups, 49% in 2004/05. Within the Northern Trust there were 36.4% of households with dependent children – 2001 Census refers.

Persons of different political opinion

69.57% of seats on Newtownabbey Borough Council are held by Unionist parties. This would indicate that there is the potential for an adverse impact on the unionist community who are patients of Whiteabbey Hospital as a result of this proposal.

62.5% of seats in Magherafelt and Cookstown Borough Councils are held by Nationalist Parties. This would indicate that there is the potential for an adverse impact on the nationalist community who are patients of Mid-Ulster Hospital as a result of this proposal.

However, these figures are broadly reflective of the population of the Whiteabbey and Mid Ulster areas.

The Trust is confident that the reconfiguration will not have significant disproportionate affect on the grounds of political opinion.

Persons of a different racial group

Reflecting the economic differentials outlined previously, Irish Travellers are at greater risk of poverty, multiple deprivation and exclusion. They are also more likely than other groups to leave school with no qualifications. A number of initiatives across Departments aim to address the difficulties Irish Travellers may face in accessing services and employment.

The Trust spends significant resources in ensuring its services are accessible by the whole community and is one of the biggest users of the HPSS Regional Interpreting Service. Similarly, the Trust translates information into a range of formats for those whose first language is not English. Whilst it is not possible to assess the full extent of Black and Minority Ethnic (BME) and Migrant Workers resident within the Trust's jurisdiction the numbers are significant.

Persons of different sexual orientation

Over that past 50 years, research has indicated that 10% of the population could be lesbian, gay or bisexual, possible 1 in 10 of the Trust's workforce and 1 in 10 of service users.

There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Assessment of the Impact of Proposal on Staff by Section 75 Equality Groups

Between men and women generally

The gender profile for the Northern Health and Social Care Trust's workforce was 87.0% female compared with 13.0% male. These figures are reflected in the profile of staff within both Whiteabbey Hospital and Mid-Ulster Hospital, ie Whiteabbey staff are 84.1% female and 15.9% male and Mid-Ulster staff are 85.8% female and 14.2% male. The Trust is therefore of the opinion that there is no evidence to suggest that the proposed changes to Whiteabbey and Mid Ulster Hospitals will have an impact on grounds of gender. The Trust is however aware that this section of the workforce may have dependency and caring obligations.

Persons of different age

Whilst the profile of the age of staff employed in Mid-Ulster is reflective of the age of staff employed within Northern Trust Hospitals as a whole, it is notable that the age profile of staff in Whiteabbey indicates that the workforce in Whiteabbey is slightly older, that is 16.6% are over 55 years compared to 11.7% across acute hospital services. Therefore, this proposal has the potential to impact on the older employees in Whiteabbey although it is unlikely that this impact will be adverse.

Persons with or without a disability

Records indicate that 1.3% of staff in Whiteabbey Hospital have a disability. This is slightly higher than the overall percentage for employees in Northern Trust Hospitals (0.8%). The Trust does not anticipate that this proposal will have an adverse impact upon staff with a disability.

Persons of different marital status

Available figures indicate that 69.1% of staff employed in Whiteabbey Hospital and 65.9% in Mid Ulster are married. 66.4% of staff working in the Trust is married. These figures do not suggest that there is likely to be an adverse impact upon staff on the grounds of their marital status.

Persons of different religious belief

Staff within the Northern Trust are 59% Protestant, 34.6% Roman Catholic with 7.0% recorded as their religious belief being unknown.

70.8% of staff in Whiteabbey are from the Protestant community, 20.6% from the Roman Catholic community and 8.6% unknown. At Mid-Ulster hospital 35.5% of staff are from the Protestant community, 58.1% from the Roman Catholic Community and 6.4% unknown. Therefore, this proposal is likely to have an impact on the Protestant staff at Whiteabbey and staff from the Roman Catholic community in Mid-Ulster but taken together these two

changes will maintain the relative proportions of Catholic and Protestant staff within the Trust as a whole. However, these figures are broadly reflective of the population of the Whiteabbey and Mid Ulster areas. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy.

Persons with/without dependants

The Trust does not record whether or not staff have dependants. The Trust is however mindful of the caring obligations associated with its female employees.

Persons of different political opinion

The Trust does not record the political opinion of its staff.

Persons of a different racial group

Available figures indicate that the racial group of 87.0% of the current workforce in Whiteabbey Hospital is white, 7.9% unknown, 1.8% Indian, 0.3% Black African, 0.1% Black Caribbean, 0.5% Filipino, 0.3% Mixed Ethnic and 2.1% any other. Available figures regarding the racial group of the current workforce in Mid-Ulster indicate 89.4% is white, 6.8% unknown, 1.8% Indian, 0.5% Pakistani, 0.2% Black Caribbean, 0.2% Mixed Ethnic and 1.1% any other.

When compared with the overall figures for the staff profile across all the hospitals, the percentage of staff in Mid Ulster and Whiteabbey Hospitals who indicated they are white is slightly higher. However, this is balanced by 32.7% of staff overall not being specific about their racial background.

The Trust is therefore of the opinion that there is no evidence to suggest that the proposed changes to Whiteabbey and Mid Ulster Hospitals will have an impact on grounds of race.

Persons of different sexual orientation

The Trust does not record the sexual orientation of its staff. There is no evidence to suggest that the proposed changes to Whiteabbey and Mid Ulster Hospitals will have an adverse impact employees as a result of their sexual orientation

Consideration of Measures to Mitigate any Adverse Impacts

Service Users

Access to Acute In-patient Services

The Northern Trust proposes to focus on providing acute inpatient services from Antrim and Causeway Hospitals. This means that acutely ill patients will be treated in Antrim, Causeway or in one of the Belfast Hospitals. These patients will have access to the standard of clinical expertise, advanced diagnostics and treatments that are available in a modern acute hospital. A new ward block planned for Antrim will ensure extra capacity and avoid any reduction of in-patient services overall.

Accident & Emergency Services open 24 hours a day, seven days a week, provided from Antrim and Causeway Hospitals. During the year 07/08 there were 17720 attendances at Mid-Ulster A&E and 20360 attendances at Whiteabbey A&E. Treatment will continue to be provided for 70% of these patients at redesigned high quality minor injuries units on Whiteabbey and Mid-Ulster hospital sites.

Whiteabbey and Mid-Ulster Hospitals will continue to provide a wide range of services locally including day surgery, Consultant outpatient clinics, allied health professional services as well as radiology and other diagnostic services. A CT scanning service (mobile) is proposed for the Whiteabbey Hospital.

Whiteabbey and Mid-Ulster Hospitals will continue to offer rehabilitation inpatient services (beds will be maintained at current levels), providing intensive rehabilitation to enable speedier patient recovery and discharge.

It is proposed that, in the future, new Health and Care Centres (HCCs) would be built on the Whiteabbey and Mid Ulster sites to enable primary care (GP) services to work from the same facility as local hospital services and share access to diagnostics and allied health professional services.

The proposed changes in acute services will be supported by the development of community-based services to ensure people can stay at home for as long as possible, can avoid the need for hospitalisation and where a stay in an acute hospital is needed it will be as short a time as possible. Community-based professionals will also work with voluntary and community organisations and other independent providers to ensure services are provided to recognised standards and as far as is possible are locally accessible.

In order to develop the additional capacity at Antrim Hospital, the Trust will submit a business case to the DHSSPS for a minimum of 48 acute beds and 12 bedded palliative care unit at Antrim Hospital. This development will depend on capital and revenue investment.

It is important to state that these proposals are about providing local services when ever we can safely and to centralise services only where necessary. An important component of mitigating the impact of this reduction in acute in-patient services locally is to ensure we provide information to the public on the need for change for this very specific type of acute hospital care, to ensure patients have access to modern appropriate services where the patient is acutely ill or injured. Thankfully an acute admission to hospital is an infrequent event for most people. Where it is required it is vital that the patient is seen in the most appropriate setting with appropriately skilled staff. The Trust plans to work closely with the NI Ambulance Services, with local GP's and with community and public representatives in taking forward these proposals.

Travel times from both Whiteabbey and Mid Ulster Hospital, to the remaining Northern Trust Acute Hospitals or the nearest Belfast Trust Hospitals with an Accident and Emergency service are within the recommended "Golden Hour", which is the first sixty minutes after the occurrence of multi-system trauma. The Golden Hour is considered to be an appropriate length of time in securing the best possible outcome for a patient with a severe injury. The Trust will work closely with the NI Ambulance Service, other Trusts and Commissioners to ensure clarity about appropriate pathways of care for the range of presenting conditions and appropriate admitting hospitals.

Travel Costs

Patients on low incomes who are required to travel to Antrim, Causeway or Belfast Hospitals may have their travel costs reimbursed through the Hospital Travel Costs Scheme (HTCS). However it is proposed to retain local non acute services at Whiteabbey and Mid Ulster Hospitals so patients will be able to continue to attend there for out-patient appointments, day surgery and most investigations. Where a patient is admitted for an acute stay in hospital this is generally through the Accident & Emergency Department, via ambulance or as directed by their GP. A short stay in hospital is the aim and is achieved for most acute patients so visitors are not inconvenienced for many days. Where a period of rehabilitation is needed, inpatient services will be available at both Whiteabbey and Mid Ulster Hospitals and patients can be transferred there for local rehabilitation.

Staff

From the assessment of findings, the Trust recognises that the proposed changes to Whiteabbey and Mid Ulster Hospitals may have the potential to impact on older staff in Whiteabbey Hospital.

The Trust also recognises that this proposal may impact on staff in terms of relocation to a new work site, reduction in the overall numbers of posts and redeployment to a different post and a new role. The Trust will work in partnership with Staffside organisations to assess the impact on staff and to put robust mitigating measures in place, adopting the principles of the CSR Human Resource Strategy (below).

Northern Trust CSR Human Resource Strategy

The Northern Trust's CSR Human Resource Strategy and Action Plan provides a robust and transparent process for decisions relating to staff. The Strategy was screened for Section 75 implications and staffside was fully consulted during its development.

Key principles contained within the strategy are detailed below.

Purpose

The intention of the CSR proposals is to develop a more modern and effective health and social care response that promotes health and social wellbeing, improves services to patients and clients and generates savings to be reinvested in patient and client care.

The purpose of this strategy is to ensure that:

- Any disruption to services to patient and clients is avoided during this period of change.
- Managers and Staff Side work together to ensure that the change is managed consistently across the Trust.
- The change can move at a pace to ensure timely decision-making on the implementation of the changes.
- Service continuity is maintained.
- Managers ensure that staff affected know how the changes will be managed and how this is likely to affect them personally and that they are properly supported through the change process.
- There is an equitable and consistent approach to the treatment of staff.

Principles

The following are the key principles, which all managers must adopt to underpin the management of the proposed CSR changes.

The CSR changes will be taken forward through partnership approaches and in consultation and negotiation with trade unions.

The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these change processes. Steps must be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. It is expected that existing arrangements such as reasonable adjustments for individual staff.

An integrated HR process should be applied, which will be equitable and transparent. This process should also be mindful of the need to move quickly and to continue to deliver a high quality service.

A balance of workforce controls, suitable alternative employment, early retirements and voluntary redundancies may be sufficient to avoid the need for any compulsory redundancies. Every possible effort will be made to avoid compulsory redundancies to keep valuable skills and experience within the Trust and to minimise costs and provide value for money.

Where relocation or redeployment is required then every effort will be made to ensure staff remain as close as is reasonably possible to their current work base, taking account of work/life balance issues. If appropriate, excess travel expenses will be paid.

Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities.

All staff will be kept fully informed and supported during these change processes. Communication will be across the service, within affected groups and at individual level.

Preparing for the Changes

The Trust will comply with all relevant employment and equal opportunities legislation when implementing the proposed changes. Any decisions in respect of the identification of at risk staff must be fair and transparent. Procedures will be designed to support equality and ensure that there is no unlawful direct or indirect discrimination against any particular individual or group of employees.

The Trust will ensure that qualitative and quantitative monitoring and data collection systems are in place and will record all the decisions they take during this period which affect the employment of groups and individuals. Screening and equality impact assessments will be carried out when appropriate.

The Trust in partnership with Staff Side will consider how it will minimise any adverse impact resulting from the proposed changes on the workforce.

The Trust will plan the implementation of CRS proposals through a project management approach.

Supporting Staff through the Proposed Changes

All staff should be kept fully informed of developments. There should be support from line managers, Human resources staff and Staff Side to help staff to consider their future options.

The Trust will consider workforce controls including the restriction of permanent vacancies. The Trust will maximise opportunities for the redeployment of existing staff and minimise redundancies.

The use of secondments/project support and other opportunities will be promoted through this period of change. This will give staff the opportunity to test new skills and build alternative career development at this time. Some staff may see these options as alternatives to their current career plan and as opportunities for career development.

Action to Support Staff at Risk

Every possible effort will be made to avoid compulsory redundancies and keep valuable skills and experience within the Trust. It is hoped that a balance of workforce controls, suitable alternative employment, voluntary redundancies and early retirement will be sufficient to avoid the need for any compulsory redundancies.

There is a risk that skills will be depleted post change processes if too many volunteers are allowed to leave the Trust and the Trust must ensure that an appropriate balance of cost and skill retention is reached.

The Trust would plan at the earliest practicable opportunity and in discussion with Staff Side (subject to available funding) to consider voluntary redundancy and early retirement schemes for staff in at risk groups, as it is clear that the number of overall staff will reduce.

The Trust will put in place a range of support mechanisms for individual staff and will include:

- career counselling
- trial periods in appropriate posts
- re-training/re-skilling for new roles
- training in application and interview preparation

The Trust in consultation with Staff Side will ensure that a redeployment system is established.

The Trust will develop a communications strategy to ensure that all staff are kept fully informed of planned actions/developments.

In managing the transition of services (savings and reinvestment) a significant number of staff will be affected by the changes. The Trust will minimise this

impact by ensuring that every possible effort is made to retain those staff who wish to remain in the Trust's employment by re-skilling/re-training and redeploying staff to areas of the Trust where vacancies exist.

A number of staff may be redeployed on an interim basis into temporary positions to cover leave of other staff e.g. maternity and study leave.

Some staff may find that there is not alternative but to redeploy to a position at a lower grade. In such circumstances protection of pay will be afforded.

There will be a number of staff for whom their first preference in the changing environment will be to avail of voluntary early retirement or voluntary redundancy arrangements. The Trust would wish to accommodate such requests funding permitted and also ensuring that scarce skills are not depleted.

Conclusion

The Trust will work with Management, Staff and Staff Side to mitigate any potential adverse effects as a consequence of the implementation of this proposal.

The completion of and consultation on the EQIA is evidence of the Trust's commitment to ensuring that it actively addresses its equality, human rights, good relations and disability obligations.

Formal Consultation

The Trust wishes to consult as widely as possible on this proposal and the findings of this EQIA. With this in mind the Trust will consult on this proposal over an eight week period commencing 8 January 2009 and ending 6 March 2009. This consultation process will include the following.

- Press releases will be prepared and submitted to various media outlets.
- Prominent advertisements, inviting the public to comment on this matter will be placed in the local press.
- A letter will be sent to all consultees listed in the Trust’s Equality Scheme to inform them of this consultation process.
- A copy of this report will be posted on the Trust’s website: www.northerntrust.hscni.net and the Trust’s Intranet (a computer network accessible by Trust staff).
- This report can be made available, on request, in alternative formats including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English.
- Four locality public meetings will be held as follows: (The Trust’s Senior Management Team will be available to provide more information and answer any queries).

Date and Time	Areas Covered	Venue
Monday 2 February 2009 at 7.00 pm	Coleraine, Ballymoney and Moyle	Lecture Theatre, Causeway Hospital
Tuesday 3 February 2009 at 7.00 pm	Carrickfergus, Larne and Newtownabbey	Carrick Room, Clarion Hotel, 75 Belfast Road, Carrickfergus
Monday 9 February 2009 at 7.00 pm	Antrim and Ballymena	Antrim Day Centre, Station Road, Antrim
Tuesday 10 February 2009 at 7.00 pm	Cookstown and Magherafelt	Cookstown Adult Centre Westland Road, Cookstown

- The Chief Executive will inform staff of the consultation process at her annual staff briefings to be held as follows:-

Date	Time	Venue
Thursday 8 January	2.00 pm	McNeill Theatre, Larne Leisure Centre, Larne
Friday 9 January	10.00am	Dodds Room, Town Hall, Carrickfergus
Friday 9 January	Noon	Boardroom, McCaughey House, Whiteabbey Hospital, Newtownabbey
Tuesday 13 January	2.00 pm	Ward 4, Mid Ulster Hospital, Magherafelt
Tuesday 13 January	3.30 pm	Dining Room, Cookstown Adult Centre, Westland Road, Cookstown
Friday 23 January	10.00am	Antrim Day Centre, Station Road, Antrim
Friday 23 January	Noon	Conference Room 1, Training Centre, Braid Valley Hospital, Ballymena
Monday 26 January	Noon	Training Room, Dalriada Hospital, Coleraine Road, Ballycastle
Monday 26 January	3.30 pm	Lecture Theatre, Causeway Hospital, Coleraine
Thursday 5 February	3.00 pm	WS Tweed Room, Robinson Hospital, Ballymoney

- All staff will be informed of the consultation process and how they can access further information.
- A letter will go to all GPs informing them of the consultation process and how they can access further information.

All enquiries regarding this consultation process should be directed to:

Alison Annett
 Head of Equality
 Route Complex
 8e Coleraine Road
 Ballymoney
 Co Antrim
 BT53 6BP

Tel: 028 2766 1377
 Fax: 028 2766 1209
 Textphone: 028 2766 1377
 E-mail: equality.unit@northerntrust.hscni.net

Publication of the Results of this Equality Impact Assessment

The outcomes of this EQIA will be published in the press and results will be posted on the Trust's website and Intranet.

Monitoring

In keeping with the Equality Commission's, the Trust will put in place a strategy to monitor the impact of this proposal on the relevant groups.

If as a result of this monitoring, the Trust finds that the impact of this proposal results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.



Consultation Proforma

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 proforma. Please answer each question by writing your comments in the space provided. The closing date for this consultation is **Friday 6th March 2009** and we need to receive your completed proforma on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

**Ms Alison Annett,
Head of Equality,
8e Coleraine Road,
Ballymoney,
Co. Antrim,
BT53 6BP.**

**Tel: 028 2766 1377
Fax: 028 2766 1209
Textphone: 028 2766 1377
E-mail: equality.unit@northerntrust.hscni.net**

Before you submit your response, please read Appendix A at the end of this proforma 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. 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 of an organisation

My comments are in relation to:

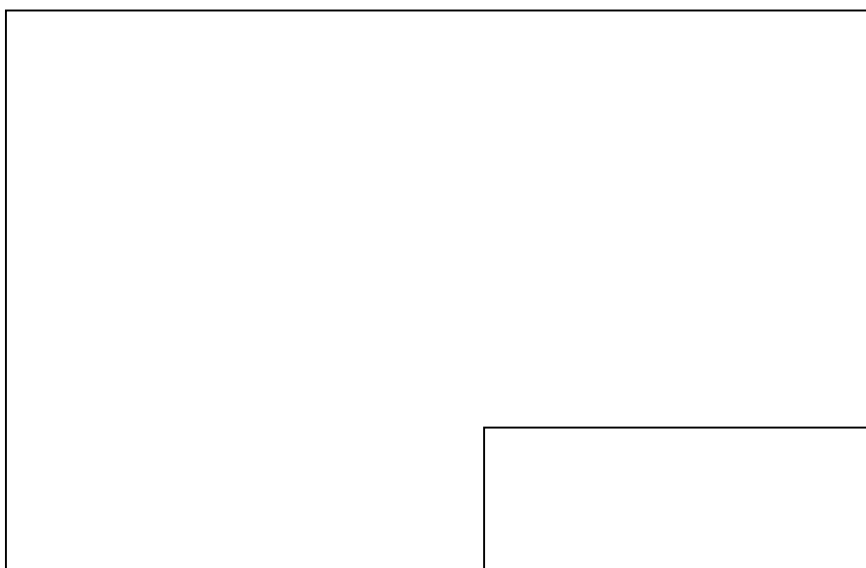
- Reconfiguration of Acute Hospital Services
- Reform and Modernisation of Children’s Services
- Traffic Management at Northern Health and Social Care Trust
- Reprovision of the Trust’s Residential Homes for Older People
- Reconfiguration of Domiciliary Care Services
- Reform and Modernisation of Mental Health Services
- Reform and Modernisation Learning Disability Services

General Comments

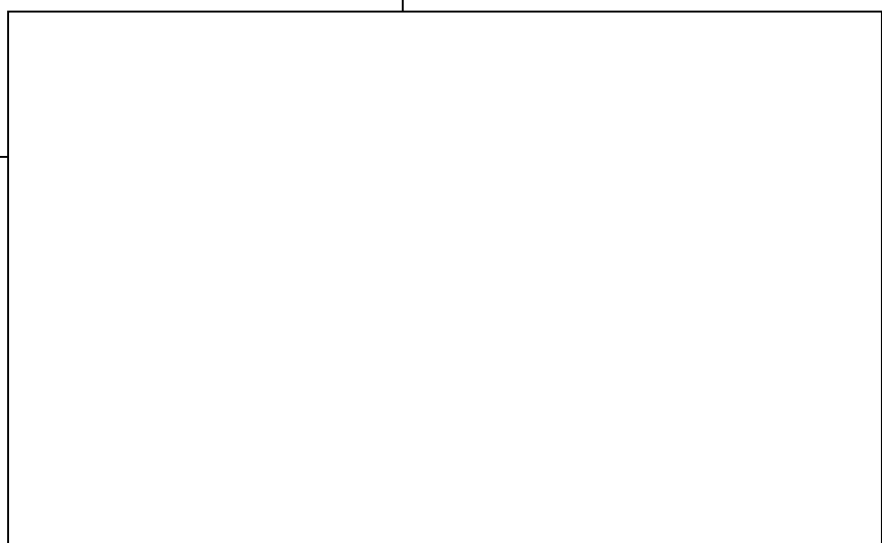
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?

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 taking the time to respond to this consultation process.

APPENDIX A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

Trust Response and Freedom of Information Act (2000)

The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.