



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

Title of Policy: Implementation of Team Northwest Urology	
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<p>In 2009 the Review of Adult Urology services in Northern Ireland proposed significant changes in how urology services should be delivered across the province.</p> <p>The purpose and focus of the review was as to:</p> <p><i>'Develop a modern, fit for purpose in the 21st century, reformed service model for Adult Urology Services which takes account of relevant guidelines (NICE, Good Practice, Royal College, BAUS, BAUN). The future model should ensure quality services are provided in the right place, at the right time by the most appropriate clinician through the entire pathway from primary care to intermediate to secondary and tertiary care.'</i></p> <p>An output of the regional review was a <i>Modernisation and Investment Plan</i> which included 26 recommendations to be implemented across the region. A model of three urology teams across the region was recommended to achieve long term stability and viability promoting value for money and clinical excellence.</p> <p>The NI Review recommended the formation of one integrated team combining the upper 2/3rds of the Northern Health and Social Care Trust (NHSCT) and Western Health and Social Care Trust (WHSCT). It concluded that the main acute elective and non-elective inpatient unit will be at Altnagelvin Area Hospital with day surgery being undertaken at Altnagelvin, Causeway, and Tyrone County Hospitals. Outpatient clinics will be held at Altnagelvin, Causeway, Tyrone County and Roe</p>	

Valley Hospitals. As a consequence of the staff shortages experienced in the NHSCT in December 2014 the implementation of the above model has been accelerated albeit in the context of an interim arrangement. The formation of Team Northwest is unique in terms of the recommendations of the NI Review in that it is the only team that will necessitate the integration of two established teams across two HSC Trusts.

Both Trusts are committed to work in partnership with significant challenges ahead to continue to deliver high, quality and safe elective and non-elective urological care to our patients. These will include governance, employment, contractual arrangements for clinical staff, locations, frequency and prioritisation of outreach services, areas of Consultant specialist interest based on capacity, expertise required and catchment populations to be served.

It is proposed that the effective date of full integration of Team Northwest Urology is 1st April 2016.

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Team Northwest Urology – Implementation of the N/Ireland Adult Urology Review 2009

1.2 Description of policy or proposal

The Northern Ireland Urology Review (2009) determined, within the context of Team Northwest, that all urology inpatient surgery would be undertaken at Altnagelvin Hospital, day case surgery and diagnostic procedures would be provided across three hospital sites i.e. Altnagelvin, Causeway and Tyrone County Hospitals.

Outpatient appointments would be delivered across four sites Altnagelvin, Causeway, Tyrone County and Roe Valley Hospitals.

The vision of Team Northwest is to be a centre of clinical excellence in urological practice to provide a safe, high quality, efficient and sustainable urological service to the population of 480,000 in the Northern and Western Trusts.

In addition Team Northwest has the potential to provide urological services to County Donegal, Republic of Ireland (ROI) with a resident population of approximately 161,000. Links to ROI would provide cross border opportunities for Urology training.

The Team's vision is in line with *Closer to Home, Transforming Your Care (TYC)* and best practice guidelines.

The Team will reduce waiting times to 13-weeks for Inpatient and Day Case (IPDC) treatments

and Outpatient (OP) appointments will deliver a maximum waiting time of 9-weeks in line with the regional Priorities for Action (PFA) Targets. The team will also ensure cancer access targets are delivered, sustained and improved upon. To deliver on these targets the team will continue to:

- Provide urology services in line with the regional strategy
- Maximise use of all facilities across the network to ensure local provision of service.
- Develop future proof facilities including integrated theatre facilities in Altnagelvin hospital matching those already in place in Causeway.
- Work in partnership with Primary Care to develop an effective and efficient high quality pathway for patients requiring urological services.
- In response to TYC and the shift left explore all opportunities to maximise productivity, shift from Inpatient to Day Case and DC to 23 hour.
- Continued engagement with GP's in the provision of advice via Clinical Communication Gateway (CCG), the promotion of Information Technology i.e. Electronic Care Record (ECR)
- Evolve the role of the Specialist Nurses in relation to new ways of working thus ensuring Consultant input to only those patients who require to see a Consultant.
- Provide a service model which is safe, sustainable, future proof with highly specialised and motivated staff.

1.3 Main stakeholders affected (internal and external)

Main stakeholders:

- Staff working in Urology Services
- Actual & potential service users and carers
- HSCB and NLCG
- MLAs & District Councillors
- Local Councils
- Voluntary and Community Groups
- Trade Union representatives
- Patient & Client Council
- Professional Organisations
- Service and operational managers
- GPs

The Trusts will continue to engage with all stakeholders involved in the decision.

We value and respect all of our staff and throughout this process and we aim to speak with staff as soon as was possible when decisions are made known.

The Trust has developed a Communications and Engagement Plan to make sure that all stakeholders are informed of the consultation process and have an opportunity to provide feedback both on the proposal and the screening template.

Our proposals will be subject to a full public consultation process and feedback will be

considered by WHSCT and NHSCT Trust Boards before any final decision is made.

1.4 Other policies or decisions with a bearing on this policy or proposal

This screening document is predicated on the recommendations and outputs of the NI review 2009 which considered a range of policy / decisions to reach their determinations.

- Review of Adult Urology Services in Northern Ireland, “A modernisation and investment plan” 2009
- Best practice guidelines. (British Association of Urological Surgeons BAUS)
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- ECNI Guide on Section 75 and Budget
- Human Resource Management of Change Framework
- Trust’s Equality Scheme
- Consultation Scheme – Personal and Public Involvement Statutory requirements
- Transforming Your Care (TYC)
- Donaldson – The Right Time, the Right Place
- Human Rights Act 1998

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 Information used to inform equality screening.

Review of Adult Urology Services in Northern Ireland, “A modernisation and investment plan” **2009**

- Western Health and Social Services Trust Urology patient data as at September 2015
- Northern Health and Social Services Trust Urology patient data as at September 2015
- Integrated Elective Access Protocols (IEAP)
- An Interim Urology Plan has been in place since December 2014, which mirrors the model recommended, information in relation to complaints received from the public and Members of the Local Assembly (MLA) representatives have been considered in full.
- In partnership with the Health and Social Care Board (HSCB) a number of communications to General Practitioner’s (GP’s) have been issued in relation to the interim urology arrangements and subsequent feedback has been fully considered.
- In partnership with the Belfast, South Eastern and Southern Trusts an analysis of patient

location and reasonable access to a urology service has been undertaken. As a consequence interim postcode boundaries have been established to ensure the most effective patient pathways are place. The re-direction of referrals to the appropriate urology centre will continue through the implementation phase and will be formally agreed, on a permanent basis, with HSCB, Trusts and GP colleagues.

2.1.2 Stakeholder Involvement

The Trusts have been and continue to engage with all stakeholders involved in this proposal. We value and respect all of our staff and throughout this process we aim to speak with staff as soon as was possible when decisions are made known. The Trust has developed a Communications and Engagement Plan to make sure that all stakeholders are informed of the consultation process and have an opportunity to provide feedback both on the proposal and the screening template.

SECTION 75 GROUP	WESTERN AREA POPULATION (TOTAL POPULATION 294,417) (2011 Census)				
Gender	Female 50.4% Male 49.6%				
Age	0 -15 22.11%	16-44 40.27%	45-64 24.51%	65-84 11.68%	85+ 1.43%
Religion	Protestant 24.25%	Roman Catholic 62.16%	Other Christian 2.45%		
	Other Religions 0.50%	No Religion 4.14%	Not Known 6.50%		
Political Opinion	Not collected				
Marital Status	Single 38.18%	Married 46.39%	In registered same-sex civil partnership 0.07%		
	Separated but still legally married 4.22%				
	Divorced or formerly in a same-sex civil partnership which is now legally dissolved 4.82%				
	Widowed or surviving partner from a same-sex civil partnership 6.32%				

Dependent Status (based on 109,206 households)	Households with dependent children 36.64%
Disability	Persons with a limiting long term illness 21.85%
Ethnicity	Black African – 0.04% Irish Traveller – 0.09% Bangladeshi – 0.01% Pakistani – 0.03% Black Caribbean – 0.02% Mixed Ethnic Group – 0.25% Chinese – 0.17% White – 98.81% Indian – 0.30% Other Ethnic Group – 0.10% Other Black – 0.02% Other Asian – 0.16%
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

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965) (2011 Census)				
Gender	Female	50.99%			
	Male	49.01%			
Age	0 -15	16-39	40-64	65-84	85+
	20.81%	31.63%	32.36%	13.46%	1.74%
Religion	Protestant		Roman Catholic		Not Known
	56.44%		29.07%		14.44%
Political Opinion	Not collected				
Marital Status	Single	Married	Not Known		
	30.63%	57.60%	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	

The following table shows the average profile of staff across the Northern Trust

Group	Average profile	
Gender	Female – 85.5% Male – 14.5%	
Age	16 – 24 years	3.9%
	25 – 34 years	21.6%
	35 - 44 years	25.2%
	45 – 54 years	29.7%
	55 –59 years	11.6%
	60+ years	8.0%
Community Background	Protestant – 54.5% Roman Catholic – 36.8% Other – 8.7%	
Religious belief	Muslim – 0.17% Hindu – 0.20% Sikh – 0.02% Jewish – 0.01% Buddhist – 0.13% Christian – 37.22% None – 7.51% No data held – 54.74	
Political Opinion	Broadly Unionist – 15.0% Broadly Nationalist – 6.9% Other - 10.7% Do not wish to answer/not known – 67.5%	
Marital Status	Single – 23.7% Married – 64.6% Other – 11.7%	
Dependent Status	A child (or children) – 28.9% A dependent older person – 6.3% A person(s) with a disability – 3.7% None of the above – 23.8%	

	No data held – 42.5%
Disability	Declared disability – 3.0%
Ethnicity	White – 83.73% Black African – 0.10% Bangladeshi – 0.00% Black Caribbean – 0.02% Chinese – 0.06% Indian – 1.03% Irish Traveller – 0.02% Pakistani – 0.12% Mixed Ethnic Group – 0.19% Filipino – 0.31% Other – 0.34% Black Other – 0.04% Not Known – 14.06%
Nationality	Polish – 0.29% British – 30.40% Scottish – 0.32% Welsh – 0.03% Irish – 10.29% Lithuanian – 0.03% English – 0.13% Northern Irish – 3.27% Indian – 0.21% Filipino – 0.10% Pakistani – 0.02% No data held – 54.87%
Sexual Orientation	Opposite sex – 53.1% Same sex – 1.3% Same and opposite sex – 0.2% Do not wish to answer/not known – 45.4%

The following table shows the average profile of staff across the Western Trust

Group	Average profile	
Gender	Female – 81.8% Male – 18.2%	
Age	16 - 24 years	3.3%
	25 - 34 years	22.6%
	35 - 44 years	26.9%
	45 - 54 years	29.1%
	55 - 64 years	15.9%
	65+ years	2.2%
Community Background	Protestant - 27.2% Roman Catholic - 66.3% Not Determined/Not Assigned - 6.5%	
Political Opinion	Broadly Unionist - 6.9% Broadly Nationalist – 14.1%	

	Other - 10.2% Do not wish to answer/Not Known - 68.8%
Marital Status	Single - 31.6% Married - 61.9% Other - 6.5%
Dependent Status	Yes - 31.5% No - 24.9% Not Known - 43.6%
Disability	Yes - 2.3% No - 60.2% Not Known - 37.5%
Ethnicity	White – 87.69% Black African – 0.13% Bangladeshi – 0.02% Black Caribbean – 0.02% Chinese – 0.05% Indian – 1.03% Irish Traveller – 0.07% Pakistani – 0.14% Mixed Ethnic Group – 0.19% Filipino – 0.29% Other – 0.83% Black Other – 0.01% Not Known – 9.53%
Sexual Orientation	Opposite sex – 53.3% Same sex – 1.0% Same and opposite sex – 0.10% Do not wish to answer/not known– 45.6%

Patients/clients affected

The following shows the breakdown by Section 75 categories of users of Urology Services in Western and Northern Trusts where such information is available.

Section 75 Group	Make up of Patients/Clients Affected	Percentage WHSCT	Percentage NHSCT
Gender	Female	22%	26%
	Male	78%	74%
Religion	Protestant	Not collected	
	Roman Catholic		
	Other		
Political Opinion	Broadly Unionist	Not collected	
	Broadly Nationalist		
	Other		
	Do Not Wish To Answer/Not Known		
Age	65 and under	49%	61%
	Over 65 years	51%	39%
Marital Status	Single	Not collected	
	Married		
	Other		
Dependent Status	Caring for a Child/Children/Dependant	Not collected	
	Older Person/Person(s) With a Disability		
	None/Not known		
Disability	Yes	Not collected	
	No		
	Not known		
Ethnicity	Black African	Not collected	
	Bangladeshi		
	Black Caribbean		
	Chinese		
	Indian		
	Irish Traveller		
	Pakistani		
	Mixed Ethnic		
	Filipino		
	Black Other		
	Asian Other		
	White		
	Other		
	Sexual Orientation towards:		
Same Sex			
Same and Opposite Sex			
Do Not Wish To Answer/Not known			

2.2 Assessing Needs/Issues/Adverse Impacts

Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Please note: Due to the small numbers of staff directly affected by this proposal the Trusts have taken the decision that in order to protect the identity of individuals, specific information will not be published in this document. Please note the table below includes the needs and experiences of health and social care staff as a whole, in relation to S75 categories. The Trust will be mindful of these needs and experiences during consultation with affected staff.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	The gender mix in the Urology specialty across both Trusts is predominately Male. An analysis of the Trusts' Urology Waiting Lists would indicate that the majority of service users are male when compared to the NI 2011 Census statistics and the population profile of the Western and Northern Trusts.	The Trusts are aware that women may have dependency and caring responsibilities. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects. The Trusts will consider mitigating measures for staff directly affected in line with their Human Resource Management of Change Frameworks.
Age	The Urology specialty has traditionally an elderly cohort of patients which in line with the demographic information is likely to increase year on year. An analysis of the WHSCT and NHSCT Urology Waiting Lists would indicate that 51% (Western) and 39% (Northern) of all patients on either a IPDC or OP WL are in excess of 65 years with 49% (Western) and 61% (Northern) are aged 65 years or below. A comparison with the NI 2011 Census statistics would indicate that a higher proportion of older people use Urology services. This is expected given the nature of the service.	There is no evidence to suggest that there would be any adverse impact on any individuals because of their age. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trusts will take steps to mitigate its effects.
Religion	All of the Trusts' services provide a welcoming environment where people from differing religious backgrounds are cared for together	The Trusts are of the view that there is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of religious

	and necessary arrangements are made for client to practice his/her religious beliefs. There is no evidence to suggest that this proposal will have any adverse impact on people from any religious grouping. The Trust is committed to monitoring for any adverse impact.	belief. The Trusts will consider mitigating measures for staff directly affected in line with their Management of Change Frameworks
Political Opinion	The introduction of a new Urology service model will require the transfer of patients to the appropriate clinical facility. All of the Trusts' services provide a welcoming environment where people from political opinions are cared for together. There is no evidence to suggest that this proposal will have any adverse impact on people from any political opinion. The Trust is committed to monitoring for any adverse impact.	The WHSCT and NHSCT are committed to providing clinical services in a welcoming environment. There is no evidence to suggest that there would be any adverse impact on any individuals because of their political opinion.
Marital Status	The Trusts do not routinely gather this information. The Trusts are aware of the importance of regular contact between patients and their family. It is important to note that the average length of stay for inpatient treatment is <add length of stay>. Inpatient care is provided for a limited period of time with a focus on people returning home as quickly as possible.	The Trusts are mindful that research shows that the majority of women who have caring responsibilities tend to be married. Individual and specific circumstances will be considered and where adverse impact is identified, the Trusts will consider steps to mitigate its effects.
Dependent Status	Some service users will have caring responsibilities whilst others will have carers. Where appropriate carers will be involved/informed of the transfer of care to a respective urology facility within the parameters of Team Northwest Urology. The impact of the proposal on people with dependents is anticipated to be on carers. It is anticipated that people who receive inpatient urology	As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognises that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities. The Trusts will consider mitigating measures for staff directly affected in

	<p>services are visited by friends and family on a regular basis and the Trust is aware of the importance of the caring role. The Trust is also aware of the impact of extra travel times and distance for family and friends who are visiting..</p> <p>The Trust is aware of the importance of regular contact between clients and their family and friends .</p> <p>The Trust is committed to on-going engagement with service users and carers and to monitoring for any adverse impact. Carers are entitled to an individual carer's assessment to identify their specific needs and to establish the impact of caring on their own health and wellbeing. Carers can then be signposted to appropriate services and support.</p>	<p>line with their Management of Change Frameworks</p>
Disability	<p>Patients will be required to attend an OP or IPDC procedure at a number of clinical sites. The Trusts will ensure that all the sites are suitable for disability access and treatment.</p> <p>As is the current practice within the Trust, sign language interpreters will be arranged for service users/family/carers who use sign language. Information on the service will also be available in alternative formats e.g. braille, Easyread, audio etc.</p> <p>The Trusts recognise the impact of extra travelling on people with a disability. Patients where possible will attend their local urology facility which delivers the care required based on postcode location. In relation to Inpatient attendances at Altnagelvin, where necessary consideration will be given to Ambulance provision as required. Outpatient appointments for new and review appointments will operate a partial booking policy which gives</p>	<p>Information on any proposals/changes needs to be available in alternative formats for staff who have indicated that they have a disability including large font, braille etc...</p> <p>Training will be adapted, where possible, for staff who indicate they have a disability.</p> <p>The Trusts recognise that not all staff may wish to declare a disability. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies.</p>

	patient choice in terms of the time of their appointments.	
Ethnicity	<p>While the Trusts do not routinely gather this information there is no evidence to suggest that this proposal will have an impact on the grounds of racial background. Any specific cultural needs will be addressed during the consideration of future care options. The Trusts are mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trusts are committed to ensuring that services are accessible to everyone and provide an interpreting service for those whose first language is not English</p> <p>Information on the service will be translated, on request/as required.</p>	The Trusts consider that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group
Sexual Orientation	<p>While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.</p> <p>There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.</p>	The Trusts consider that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of sexual orientation.
Other Issues: e.g. Rurality	In addition rural areas where distance from the acute site may also pose public transportation issues due to the lack or frequency of public transport services.	The Trusts will consider mitigating measures for staff directly affected in line with their Management of Change Frameworks

(3) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(3.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender	Minor	Minor	Minor
Age	Minor	Minor	Minor
Religion	None	None	None
Political Opinion	None	None	None
Marital Status	Minor	Minor	Minor
Dependent Status	Minor	Minor	Minor
Disability	Minor	Minor	Minor
Ethnicity	None	None	None
Sexual Orientation	None	None	None

(3.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

Please note: The Team Northwest Urology service model is a Hub and Spoke model with Altnagelvin being the urology centre for the Team. However there will be considerable outreach services across the North West to facilitate population and access to services. These include:

Outpatients – Derry /Londonderry, Limavady, Coleraine and Omagh

Day Case Surgery – limited DC in Derry / Londonderry, Coleraine and Omagh

Diagnostic Tests - limited diagnostic capacity in Derry / Londonderry, Coleraine and Omagh

Section 75 category	Please provide details
Gender	The Trust will continue to engage with service users and carers to make sure their needs are met. The personal circumstances of each member of staff affected will be considered.
Age	Patients where possible will attend their local urology facility which delivers the care required based on

	<p>postcode location. In relation to Inpatient attendances at Altnagelvin where necessary consideration will be given to Ambulance provision as required. Outpatient appointments for new and review appointments will operate a partial booking policy which gives patient choice in terms of the time of their appointments. The Trusts also operate a text reminder system to ensure patients are reminded of their appointment – this text service can be re-directed to nominated carers etc.</p> <p>The Trusts will continue to engage with service users and carers to make sure their needs are met.</p> <p>The personal circumstances of each member of staff affected will be considered.</p>
Religion	<p>All Trust services provide a welcoming environment where people from differing religious backgrounds are cared for together necessary arrangements are made for client to practice his/her religious beliefs.</p> <p>The Trusts will continue to engage with service users and carers to make sure their needs are met.</p>
Political Opinion	<p>All Trust services provide a welcoming environment where people from differing political opinion are cared for together.</p>
Marital Status	<p>The Trusts will continue to engage with service users and carers to make sure their needs are met.</p> <p>The personal circumstances of each member of staff affected will be considered.</p>
Dependent Status	<p>Patients, where possible, will attend their local urology facility which delivers the care required based on postcode location. In relation to inpatient attendances at Altnagelvin, where necessary, consideration will be given to Ambulance provision as required. Outpatient appointments for new and review appointments will operate a partial booking policy which gives patient choice in terms of the time of their appointments. The Trusts also operate a text reminder system to ensure patients are reminded of their appointment – this text service can be re-directed to nominated carers etc.</p> <p>The Trusts will continue to engage with service users and carers to make sure their needs are met.</p> <p>The personal circumstances of each member of staff affected will be considered.</p>
Disability	<p>Patients where possible will attend their local urology facility which delivers the care required based on postcode location. In relation to Inpatient attendances at Altnagelvin where necessary consideration will be</p>

	<p>given to Ambulance provision as required. Outpatient appointments for new and review appointments will operate a partial booking policy which gives patient choice in terms of the time of their appointments. The Trusts also operate a text reminder system to ensure patients are reminded of their appointment – this text service can be re-directed to nominated carers etc. Information relating to the proposed changes will be available in alternative formats on request including e.g. Braille, large font etc. The Trusts will continue to engage with service users and carers to make sure their needs are met.</p> <p>The personal circumstances of each member of staff affected will be considered.</p>
Ethnicity	<p>Any specific cultural needs will be addressed during planning and implementation of the proposal. The Trusts are mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trusts are committed to ensuring that its services are accessible to everyone and provide an interpreting service for those whose first language is not English. All information on the proposed new service will be provided in a minority language on request.</p> <p>The personal circumstances of each member of staff affected will be considered.</p>
Sexual Orientation	<p>The personal circumstances of each member of staff affected will be considered.</p>

(3.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none

Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief		None
Political opinion		None
Racial group		None

(3.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Good relations category	Please provide details
Religious belief	As detailed above proposal will have no adverse impact

	<p>on the promotion of good relations. Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trusts will ensure that its engagement arrangements adhere to best practise principles governing consultation and are meaningful and inclusive of all staff affected and Trade Unions in line with the Trusts' Management of Change Frameworks. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.</p> <p>The Trusts are committed to the promotion of good relations. The NHSCT Good Relations Statement is as follows - “We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users.”</p>
Political opinion	As above
Racial group	As above

(4) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

Proposal will involve ongoing engagement with stakeholders.

The Trust will ensure staff receive relevant disability equality training

(5) CONSIDERATION OF HUMAN RIGHTS

**5.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.**

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

5.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?* Yes/No
	Not Applicable		

5.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

The Trusts are 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 continue to engage with service users and staff.

(6) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	X
No impact	

Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	X
No	

Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

The implementation of Team Northwest Urology will be underpinned by the ethos of “Transforming your Care” ensuring that we provide the right care to the right patient at the right time in the right place.

It is anticipated that this proposal will lead to an improvement in services for service users. The Team will reduce waiting times to 13-weeks for Inpatient and Day Case (IPDC) treatments and Outpatient (OP) appointments will deliver a maximum waiting time of 9-weeks in line with the regional PFA Targets. The team will also ensure cancer access targets are delivered, sustained and improved upon. To deliver on these targets the team will continue to:

- Provide urology services in line with the regional strategy
- Maximise use of all facilities across the network to ensure local provision of service.
- Develop future proof facilities including integrated theatre facilities in Altnagelvin hospital matching those already in place in Causeway.
- Work in partnership with Primary Care to develop an effective and efficient high quality pathway for patients requiring urological services.
- In response to TYC and the shift left explore all opportunities to maximise productivity, shift from IP to DC and DC to 23 hour.

- Continued engagement with GP's in the provision of advice via CCG, the promotion of ICT i.e. ECR
- Evolve the role of the Specialist Nurses in relation to new ways of working thus ensuring Consultant input to only those patients who require to see a Consultant.
- Provide a service model which is safe, sustainable, future proof with highly specialised and motivated staff.

(7) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

It is proposed that the new service model be monitored against the status quo and the transformation on line with the strategic direction set out by the recommendations of the 2009 NI Urology Review document.

- Service Budget Agreements (SBA)
- Integrated Elective Access Protocols (IEAP)
- Did not Attend Rates (DNA)
- Cancelled Appointment Rates
- RQIA Compliance
- Theatre Utilisation
- Cancelled Operation Rates
- Complaints
- Compliments
- Comments
- Recruitment and Retention Data