



2017/2018 Savings Plan

Proposal – Reducing reliance on non-contract agency nursing staff

Draft Equality Impact Assessment in accordance with Section 75 and Schedule 9 of The Northern Ireland Act 1998

To be considered by Trust Board 13 October 2017

Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality Unit – contact details on page 21.

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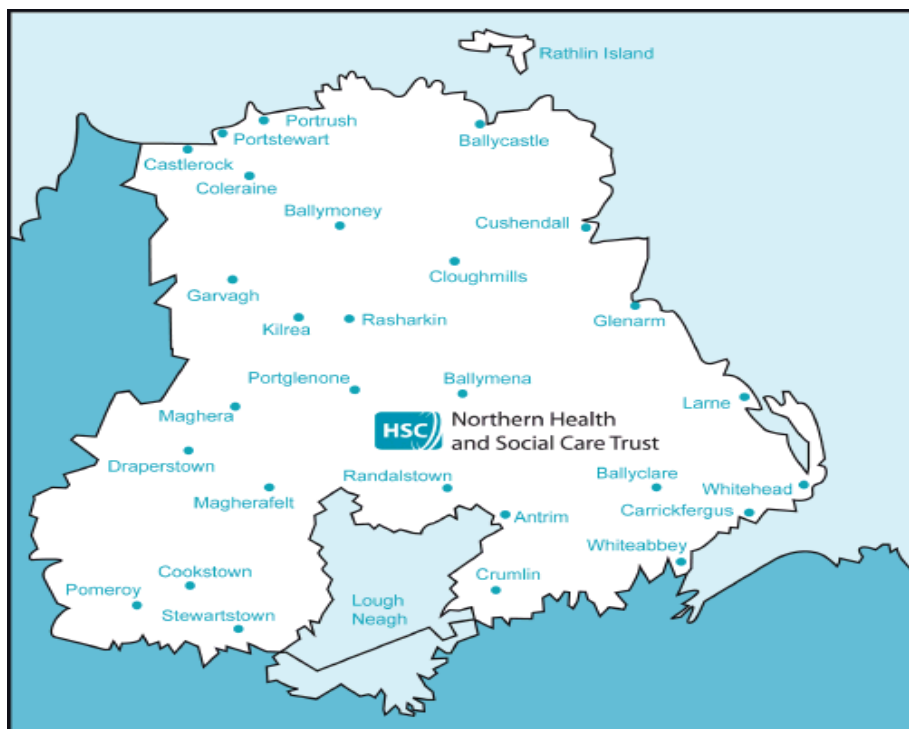
1.0 Introduction

This Equality Impact Assessment (EQIA) has been prepared to assess the impact of the Trust's proposal for 'Reducing reliance on Non-contract Agency Nursing staff'.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the nine equality categories under Section 75 of the Northern Ireland Act 1998.

1.1 Overview of the Trust

The Northern Health and Social Care Trust provides a wide range of acute hospital, community care, social services and services in people's own homes across the whole of the Trust area, which has a population of approximately 465,000. The map below shows the geographical area covered.



In providing health and social care services, our staff work closely with others including local GPs and other agencies and providers, delivering services in people's own homes and in other community settings. The Trust purchases some services from other independent providers, primarily nursing and residential homes, also from independent domiciliary care providers and a range of non-residential services such as day care and counselling, working with the community and voluntary sector.

Services

The Trust provides a range of community services to help people to plan, manage and adapt to changes in their health, as well as respond to times of crisis. We provide services for older people, children, people living with a mental health condition and people living with a disability. Last year we delivered, 2,913,949 domiciliary care hours to 5,015 people and our District Nursing service made 279,403 contacts with patients. Our physical and sensory disability teams had an active caseload of 1950 service users at the end of March 2017 and our family and child care teams a caseload of 10,222 service users.

We provide a wide range of acute services from Antrim Area and Causeway Hospitals, and some hospital Consultant lead out-patient clinics and day surgery services are provided across a number of the five community hospitals. Many specialist or regional acute services are provided by other Trusts in Northern Ireland and indeed some are provided outside of Northern Ireland. For example cardiothoracic surgery, major trauma care, neurosurgery and oesophago-gastric and liver surgery are provided in Belfast for all of Northern Ireland. People living in the Northern Trust area who require orthopaedic surgery or intervention cardiology services receive those services in Belfast or Altnagelvin Hospital. Plastic surgery is provided in the Ulster Hospital for the region and Belfast does all the kidney transplants in Northern Ireland. Those requiring a liver transplant go across to the mainland UK. Children's cardiac surgery is provided in Dublin for the whole of Ireland.

Divisional Directorates provide the management arrangements for the delivery of Trust services:

- Women, Children and Families Services
- Surgical and Clinical Services
- Medicine and Emergency Medicine Services
- Community Care Services
- Mental Health, Learning Disability and Community Well Being Services

1.2 Statutory Context Section 75 NI Act 1998

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

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

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

The Equality Commission for Northern Ireland (ECNI) approved the Trust's new Equality Scheme in July 2011. 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:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?
(minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group?
(minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial 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.

1.3 Human Rights

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be interpreted so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the Convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights.

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

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD) which seeks to promote,

protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention against Torture and Other Cruel, Inhumane or Degrading Treatment.

In addition to these, there are European-level treaties including:

- European Convention on Human Rights
- European Social Charter
- Charter of Fundamental Rights of the European Union.

2.0 Background to 2017/18 Savings Plan Proposals

The Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care in 2017/18 in order to meet the statutory requirement of achieving a balanced financial plan across the HSC. This is in line with other statutory responsibilities to provide high quality HSC services. HSC Trusts have been tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

As directed by DoH, the Northern Health and Social Care Trust (NHSCT) has publicly consulted on the proposals in the Savings Plan in line with the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014. In order to fully inform the public about all savings options under consideration the

[consultation document](#) included information on the totality of the savings plan for the Northern area which amounts to £13m.

The Trust carried out an initial Section 75 assessment of its 2017/18 Savings Plan by applying the four screening questions to each temporary proposal. Based on the information available, this initial assessment determined if the proposals would have Major/Minor/Little or No Impact. The outcome of this assessment was provided as an appendix to the consultation document. The Trust also committed to commence work on a more thorough and comprehensive Section 75 Assessment during the six week consultation period. Proposals that were identified as having minor, little or no impact were subjected to a more thorough Section 75 screening process. Proposals identified as having a potential major impact on people in one or more of the Section 75 categories were subjected to a full Equality Impact Assessment (EQIA)

This draft EQIA on the proposal to reduce reliance on non-contract agency nursing staff has been prepared by the Trust and has been informed by the feedback received during initial consultation period. Draft EQIAs on the proposals identified as having a major impact will be tabled at the extraordinary public Trust Board meeting on Friday 13 October 2017, then at the Board of the Health and Social Care Board for onward submission to the Department of Health for final decision.

3.0 Proposal

*'Delivering Care'*¹ sets out principles for commissioners and providers of health and social care services for planning nursing workforce requirements, for acute medical and surgical wards in Northern Ireland. In the context of a regional shortage of nurses, managing to secure sufficient numbers of appropriately skilled, permanent nursing staff through usual recruitment arrangements has become very challenging.

The Trust has observed an increasing number of Agenda for Change Band 5 registered nurse vacancies in Trust hospitals. At the same time we have seen a high demand for acute hospital services placing significant pressure on acute hospital beds. In Medicine and Emergency Medicine specialties, the amount spent on agency nursing staff has increased significantly due the use of non-contract agency nursing staff. In 2017/2018 we project we will have spent £6,200,000 by the end of this year, based on our current usage. This cost is significantly more than our budget for nursing staff and there is a need to reduce reliance on non-contracted agency staff. By doing so we can reduce the projected spend by £830,000 in this year.

The Trust is mindful that significant research has been undertaken on the issues of both staffing levels and skill mix, which has demonstrated that there is an association between lower numbers of registered nurses and a

¹ Delivering Care: Nurse Staffing in Northern Ireland, DHSSPS, 7 February 2014

significant reduction in the quality of patient outcomes. To date the Trust has made every effort to ensure that the recommended staffing levels and skill mix are maintained.

When staffing levels and skill mix are not able to be provided by the permanent staff available, the Trust has a number of options available to secure the required nurse staffing. It is preferable that staff are familiar with the patient group, environment and procedures, and ward sisters will therefore ask their own staff to perhaps change duty or work additional hours as a first step. If this is not possible then nursing staff are sought from another similar ward, the Nurse Bank (Trust employed staff) and if there is no availability via those routes, then through the agencies contracted. However because of the nurse shortages, an increased reliance on non-contract agencies has developed.

Whilst securing a nurse on a shift by shift basis addresses the immediate need, it does place an additional pressure on the permanent staff who are required to provide induction and to supervise this temporary workforce, who are sometimes not familiar with the patient group, the environment and procedures.

To reduce our in-year spend on non-contract agency staff by £830K in-year, we would need to temporarily close approximately 17 beds at Antrim Area Hospital from 01 November 2017 until 31 March 2018. The closure of these beds would mean that we would not be able to admit as many acutely ill patients. This would have significant impact as patients will still attend our Emergency Department and arrive by ambulance.

During the winter of 2016/2017 the Trust used additional beds over its funded capacity to cope with demand and in essence, this winter we would effectively be operating with 32 beds less than during the winter of 2016/2017. This reduction in 32 beds for patients, who have an average stay of 5.66 days, means that this winter we could admit five or six less patients per day to an inpatient bed. This will impact on the Emergency Department, with patients waiting in the ED for a bed to become available on a ward. It will also impact on the Northern Ireland Ambulance Service as patients may need to be diverted or transferred to other hospitals, if they have bed capacity.

If the temporary closure of 44 rehabilitation beds at Whiteabbey Hospital is approved it is anticipated that a number of permanent nursing staff would transfer to work at Antrim Area Hospital. However, the impact of that proposed scheme is being assessed separately.

In practical terms if permanent staff were transferred under a Management of Change process to Antrim Area Hospital, a period of induction will be required to familiarise staff with the operational layout and procedures which would take a lead in time beyond 1 November 2017.

Without permanent staff transferring to Antrim Area Hospital, in effect 32 acute beds less than last winter would be available at Antrim Area Hospital this winter.

The Trust wishes to attract and retain permanent nursing staff, within the budget available. We will continue to aim to recruit and retain nurses into our permanent employment. We have an open advert in papers and social media and we offer many permanent posts at interview. In addition we will employ a number of nurses through international recruitment. We will also work creatively with our contracted agencies to cover more vacant shifts and also promote the use of the Trust bank nursing facility.

Under these circumstances we would make decisions daily on the basis of available staffing levels, about the number of beds we can safely manage and number of new admissions we can accept.

We will continue to develop the skills of our healthcare assistants so that they can support our registered nurses to deliver care.

Aim of proposal

The aim of this proposal is to reduce the Trust's reliance on non-contract agency nursing staff and attract and retain permanent nursing staff, within the budget available.

3.1 Strategic Context of Proposal

- DoH Budget 2017/18
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- Trust's Management of Change Framework – which is the main vehicle in effecting change as it relates to staff with trade union input.
- Trust's Equality Scheme which incorporates the Trust's Human Rights obligations and disability duties.
- Equality Commission of Northern Ireland Guide on Section 75 and Budget
- NHSCT 2017/18 Savings Plan

4.0 Consideration of Available Data and Research Sources

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

- Northern Ireland Statistics and Research Agency (NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2017
- 2011 Census of Population (Northern Ireland)
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- Available data in respect of the Section 75 groupings for current service users and staff.
- Data on usage of medical patients to Antrim Area Hospital

This list is not exhaustive.

Table detailing Northern Trust area population (2011 Census)

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
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Table providing a snapshot of the medical patients in Antrim Area Hospital to determine potential impact

Section 75 Group	Make up of Patients / Clients Affected	Percentage
Gender	Female Male	55.45% 44.55%
Religion	Protestant Roman Catholic Other	49.36% 12.82% 37.82%
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	Not available
Age	0-15 16-24 25-44 45-64 65-84 85+	0% 1.92% 6.41% 15.06% 50.96% 25.64%
Marital Status	Single Married Other	13.46% 39.42% 47.12%
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not known	Not available
Disability	Yes No Not known	Not available
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Filipino Black Other Asian Other White Other	Not available
Sexual Orientation towards:	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not known	Not available

Table detailing Trust workforce profile as at 1 January 2017

Section 75 Group	Total Trust Workforce Profile as at 1 January 2017	Percentage
Gender	Female	85.73
	Male	14.27
Religion	Protestant	54.54
	Roman Catholic	38.79
	Neither	6.67
Political Opinion	Broadly Unionist	14.51
	Broadly Nationalist	6.91
	Other	10.86
	Do Not Wish To Answer/Not Known	67.73
Age	16-24	3.47
	25-34	20.70
	35-44	24.43
	45-54	30.00
	55-64	18.96
	65+	2.44
Marital Status	Single	25.00
	Married	68.03
	Not Known	6.97
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability	33.49
	None	23.44
	Not Known	43.07
Disability	Yes	2.79
	No	82.88
	Not Known	14.33
Ethnicity	Bangladeshi	0
	Black African	0.09
	Black Caribbean	0.02
	Black Other	0.03
	Chinese	0.05
	Filipino	0.28
	Indian	1.05
	Irish Traveller	0.02
	Mixed Ethnic	0.17
	Other	0.29
	Pakistani	0.12
	White	82.40
	Not Known	15.48
Sexual Orientation towards:	Opposite Sex	55.30
	Same Sex	1.39
	Same and Opposite Sex	0.19
	Do not wish to answer/not known	43.12

5.0 Assessment of impact on affected service users by Section 75 equality groups

5.1 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 Trust has developed a Good Relations Strategy, available on our website www.northerntrust.hscni.net, which details the Trust's plans to ensure the promotion of good relations. The Trust will make sure its engagement arrangements are meaningful and inclusive and that any consultation and assessment, carried out in respect of these proposals, is taken into account in making any final decision.

5.2 Section 75 Groups

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to a snapshot of the current users of medical beds in Antrim Area Hospital to determine the potential impact of the proposal.

Gender

The gender profile of those potentially affected is majority male (54.21%) which is slightly higher than the percentage male in the Northern Trust population of the Northern Trust population.

The Trust considers that while there is a slight differential impact there will be no adverse or major impact on the basis of gender. The Trust is committed to ongoing monitoring for any adverse impact.

Age

34.78% of potentially affected service users are 65 years or over therefore the profile of service users is older than the Northern population as a whole (15.2%). This is reflective of the nature of medical beds provided in Antrim Area Hospital and the predicted uptake of services by the ageing population within the Trust area.

Information is now widely available that describes the changing make-up of our local population, including the rising number of older people. The Northern Ireland Assembly research paper – 'A demographic portrait of Northern Ireland: some implications for public policy' – states that between 2011 – 2021, the number of persons 85+ is expected to increase by half (51.1%) to 47,900. By 2031, the 85 + population is projected to reach 75,800, or 3.8 % of the total population. The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over the next 10 year period.

There is potential for impact on this age group requiring a medical bed in Antrim Area Hospital if the proposal to temporarily close rehabilitation services at Whiteabbey hospital is not approved and this proposal is implemented. The Trust is committed to monitoring for any adverse impact.

Disability

Whilst the Trust does not currently collect statistical information relating to levels of disability amongst its service users, it is predicted that many of the service users will have some level of disability, given the nature of the service provided. The rate of disability among men and women increases with age. Women on average live longer than men therefore disability tends to be more common among women. The prevalence of disability amongst adults varies significantly with age, ranging from 5% amongst young adults aged 16-25 to 60% amongst those aged 75 and above. For those aged 85 and above, the prevalence of disability increases to almost 67%. Any proposal should consider the potential for differential impact on grounds of disability and any specific requirements will be taken fully into account when meeting their future needs. The Trust will make sure that the needs of each patient/service user are fully assessed and any special requirements are identified.

Marital status

The majority of the snapshot of patients/service users using medical beds in Antrim Area Hospital are married (27.8%). The Trust is mindful that the older age profile may result in a higher prevalence of service users who are widowed compared to the general population. It is important that any support provided reflects the need for service users to have regular contact with family, relatives and friends in the absence of husbands/partners – see correlation with dependants. The Trust is also mindful that research shows that the majority of women who have caring responsibilities tend to be married. The Trust is committed to monitoring for any future adverse impact.

Religious belief

The religious profile of Northern Trust residents is 56.44% Protestant and 29.07% Roman Catholic. 26.92% of potentially affected service users are identified as Protestant and 17.72% are identified as Roman Catholic.

While there appears to be a lower proportion of Protestant than the general population there is no evidence to suggest that this proposal will have any adverse or major impact on any particular group because of their religious belief. It is important to note that 55.36% of the potentially affected patients are identified as 'other'.

Dependency status

This information is not gathered for patients/service users using medical beds in Antrim Area Hospital but it is anticipated that a number of carers may be affected by this proposal given the age profile of the service users.

Recent Census figures indicate that the number of carers in the Trust area has risen by 21% since 2001 which would be reflective of the age profile of those living in the Trust area. The Trust is aware of the importance of regular contact between clients and their family and friends and this will be addressed when considering future care options. The Trust is also aware that the Survey of Carers of Older People in Northern Ireland found that over three-quarters (77%) of the carers who responded to the survey were female. 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. As evidenced in research, women still have the main caring responsibility of dependant adults. The Trust is committed to monitoring for any adverse impact.

Political opinion

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. As stated above, there is no evidence to suggest this proposal will have an impact on the grounds of patients/service user's political opinion.

Racial group

This information is not gathered for those patients/service users using medical beds in Antrim Area Hospital. There is no evidence to suggest that this proposal will have an impact on the grounds of racial background. The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. Information will be provided to affected patients in an accessible format. The Trust is committed to monitoring for any adverse impact.

Sexual orientation

Whilst no direct information is gathered on sexual orientation, population trends estimate that 6-10% of the population are from the gay, lesbian, bisexual or 'trans' (transsexual, transgendered and transvestites) (LGBT) community. The Trust will adhere to best practice guidelines issued in 2014 by the Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, 'See Me, Hear Me, Know Me (2014)' when considering the needs of older LGBT people.

5.3 Mitigation of Impact on Current Service Users

The Trust will continue to seek to attract new nurses into our employment. We wish to attract and retain permanent nursing staff, within the budget available.

We have an open advert in papers and social media and we offer many permanent posts at interview. In addition we will employ a number of nurses through international recruitment. We will also work creatively with our contracted agencies to cover more vacant shifts and also promote the use of the Trust bank nursing facility.

Under these circumstances we would make decisions on a daily basis, on the basis of available staffing levels, about the number of beds we can safely manage and number of new admissions we can accept. Bed numbers at both acute sites would be adjusted as necessary in light of the staffing available.

We will continue to develop the skills of our healthcare assistants so that they can support our registered nurses to deliver care.

6.0 Assessment of impact on staff affected by Section 75 equality groups

6.1 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 Trust 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 Trust's Management of Change Framework and Recognition Agreements. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

The staff affected by this proposal are the staff affected by the temporary closure of rehabilitation services at Whiteabbey Hospital. For ease of reference see below but full details can be found on the EQIA on the proposal to temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital.

Assessment of impact on staff affected by Section 75 equality groups i.e. staff affected by the temporary closure of rehabilitation services at Whiteabbey Hospital

The Trust recognises that this proposal may impact on staff in terms of relocation to a new work site. The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change HR Framework. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.

Gender

Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current Trust staff is 86.5% female and 13.4% male. The gender profile of staff affected by this proposal is 95.24 % female which is a higher percentage in terms of females

when compared to the overall Trust workforce. The Trust is of the opinion that there is no evidence to suggest that there will be any adverse impact on the grounds of gender. The Trust is aware that this section of the workforce may have dependency and caring responsibilities and will consider mitigating measures for staff directly affected in line with the Trust's Management of Change Framework.

Age

65.08% of the staff affected is between the ages of 45 to 64 years. The Trust is mindful that people over 55 may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected.

Disability

There is an overall low percentage of employees in the Northern Trust (2.79%) who have declared a disability. 4.76% of staff affected have indicated that they have a disability. The Trust is mindful that people may be reluctant to declare that they have a disability and is currently working with disabled people and representative groups to ensure staff that have or declare a disability are fully supported. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies.

Marital status

Available figures indicate that the marital status of staff affected (74.6% married and 14.29% single) is only slightly higher percentage than staff in the Trust as a whole (68.03 % married). The Trust is of the opinion that there is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married. The Trust will consider any mitigating measures for staff directly affected.

Religious belief

The religious profile of all staff across the Trust is 54.54% Protestant and 38.79% Roman Catholic. The religious profile of affected staff is 61.9% Protestant and 26.98% Roman Catholic, which is a higher proportion of Protestant and lower proportion of Roman Catholic than the Trust as a whole. The religious profile of staff is more reflective of the local population with 67.76% Protestant and 22.56% Roman Catholic. The Trust is of the view that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of religious belief. The Trust will consider any mitigating measures for staff directly affected.

Dependency status

28.57% of affected staff have indicated they have caring responsibilities which is lower than all Trust staff (33.49%). Trust is aware of the caring obligations

that may be associated with its female employees. The Trust is also mindful that the majority of staff is female. Research indicates that 1 in 8 people in Northern Ireland have caring responsibilities and Carers Northern Ireland statistics indicate that 64% of females are carers. The Trust will consider any mitigating measures for staff directly affected.

Political opinion

Information on political opinion of staff is sourced but providing the information is voluntary and many staff chose not to declare their political opinion. The following analysis should be seen in this context. 9.52% of the staff affected have indicated they are broadly Unionist which compares to 14.51% of all Trust staff as a whole. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for affected staff on the grounds of political opinion. The Trust is committed to monitoring in order to identify any future impacts.

Racial group

Available figures indicate that the 69.84% of the staff affected are white with 12.70% identified as Indian. This compares to 82.4% of Trust staff as a whole indicating they are white with 1.05% Indian. The Trust is committed to ensuring a welcoming and inclusive workplace for staff regardless of racial background/group. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group. The Trust is committed to monitoring in order to identify any future impacts.

Sexual orientation

There is no evidence to suggest that the proposal will have an adverse impact on employees as a result of their sexual orientation. The Trust is committed to providing a good harmonious and inclusive working environment for all staff regardless of their sexual orientation and is working in partnership with UNISON in support of the Regional Staff LGBT Forum. The Trust will continue to monitor for any potential adverse effects.

6.2 Mitigation of impact on current staff

The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for decisions relating to affected staff. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust has systems in place to support staff through the changes. This includes providing information in a timely way, providing time for training, attending interviews, counselling, trying out posts and accessing Occupational Health Support.

Effective communication will ensure staff are kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings to discuss plans, to influence the planning process and express any concerns. The Trust will identify a lead person for staff contact and support.

This proposal may impact on staff in terms of relocation to a new work site and redeployment to a different post and a new role. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

The Trust will meet with all staff affected individually and endeavor to meet individual's needs. The change will be managed by holding all current vacancies in East Antrim area relevant to the staff affected in Whiteabbey rehabilitation services. This will allow staff to express an interest via the management of change process for appropriate posts. Staff will be provided with any training identified to ensure they have the skills and competence to transfer to other areas.

Staff will be redeployed in a phased approach as the number of beds and services to Whiteabbey reduce. The Trust will continue to actively recruit to vacancies in Antrim Area Hospital to reduce the non-contracted agency spend.

The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

The Trust recognises that its staff are its greatest resource. The staff in Whiteabbey rehabilitation services are highly skilled and it is clear that the care they provide is greatly valued. The Trust will ensure that alternative suitable employment is resourced for staff in their local areas and they are supported through the process. There will be no compulsory redundancies.

7.0 Formal Consultation

7.1 Consultation on 2017/18 Savings Plan

On 24 August 2017, following approval from Trust Board, the Trust commenced a public consultation on our '2017/18 Savings Plan'. The consultation closed on 5 October 2017.

To raise awareness of the consultation process it was advertised in the local newspapers indicating that the document could be downloaded from the Trust's website or available from the Trust's Equality Unit. Over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents

were also available in paper copy and in easy read format and in other formats on request.

During the consultation period the Trust held locality engagement meetings in each of the four Trust localities to engage directly with service users, carers, the public and local representatives. The Trust also held a number of staff engagement meetings and Trade Unions have been kept informed throughout.

In addition the Trust attended and participated in a number of meetings during the consultation process.

A list of all the meetings held and the feedback received can be found in the 2017/18 Savings Plan – Consultation Outcome Report on the Trust’s website or by contacting the Equality Unit.

7.2 Consultation on EQIA on the reducing reliance on non-contract agency nursing staff

Trust Board will consider the findings of this draft EQIA and if the proposal to reduce reliance on non-contract agency nursing staff is approved for implementation the Trust wishes to consult as widely as possible on these findings. Targeted consultation will include specific consultation with staff, service users and carers directly affected and a range of stakeholders.

All enquiries regarding this draft EQIA should be directed to:

Equality Unit
Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP

Tel: 028 2766 1377
Fax: 028 2766 1209
Mobile Text: 07825667154
E-mail: equality.unit@northerntrust.hscni.net

8.0 Publication of the Results of this Equality Impact Assessment

The outcome of the consultation process will be published and a summary of the feedback received will be posted on the Trust’s website and Staffnet (intranet).

9.0 Monitoring

In keeping with the Equality Commission's guidance, 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.

Freedom of Information Act 2000 – Confidentiality of Consultations

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.