

Working with you to transform general surgery

Equality Impact Assessment

**Equality Impact Assessment (EQIA) in accordance with Section 75 and Schedule 9 of
The Northern Ireland Act 1998**

**This EQIA should be read in conjunction with the Trust's accompanying consultation
documents**

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Introduction

This Equality Impact Assessment (EQIA) has been prepared to assess the impact of the Trust's proposal for future general surgery services.

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. This EQIA has been made available as part of a formal consultation and the Trust welcomes your views.

This EQIA stands alongside our consultation document ['Working with you to transform general surgery'](#). Copies of all our documents are available on our website: 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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Section 75 of the Northern Ireland Act 1998

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

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

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

The Trust's Equality Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75. The Scheme gives a commitment to apply the below 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.

- 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?

We have followed procedures outlined in the Equality Commission for Northern Ireland's (ECNI) 'Guide to the Statutory Duties', on the completion of this EQIA. Following consultation a summary report of feedback received will be made available. In compliance with the legislation, when making any final decision the Trust will take into account the feedback received on this EQIA.

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 and in taking forward any change to services.

About the Trust

The Northern Health and Social Care Trust (the Trust) provides a range of health and social care services to a population of approximately 484,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland.

In 2023/24 the Trust's income is just over £1 billion and we employ approximately 15,000 permanent, temporary and bank staff across a wide range of disciplines.

We deliver services from over 150 facilities including two acute hospitals, a mental health hospital, local community hospitals, health centres, social services, and a significant network of community services as well as provision of care in the home.

The Trust covers four local council areas – Antrim and Newtownabbey, Causeway Coast and Glens, Mid and East Antrim and Mid Ulster. The Trust has the largest population including the highest number of older people and children when compared to other HSC Trusts in Northern Ireland.

Our vision is to **provide compassionate care with our community in our community**. In delivering, planning and reforming services, all staff are guided by

the Health and Social Care Values: Working Together, Excellence, Openness and Honesty, and Compassion.

Background

The Northern Health and Social Care Trust currently provides inpatient emergency, major colorectal and high volume elective on both of its two acute sites, Causeway Hospital and Antrim Area Hospital. We are currently the only Trust in Northern Ireland to split our surgical service in this way. Many other parts of the UK and Ireland have changed the delivery of emergency general surgery so that it is provided in bigger hospitals with elective surgery taking place in dedicated elective sites, often located in smaller hospitals.

The Trust's consultation document [Working with you to transform general surgery](#) explains why it needs to transform its general surgery service and after considering all of the options, the Trust has brought forward three for further consideration as below.

- Option 1: Continue to deliver emergency and elective general surgery from both Antrim Area and Causeway Hospitals.
- Option 5: Centralise emergency general and major colorectal surgery in Causeway Hospital, and high volume elective activity in Antrim Area Hospital.
- Option 7: Centralise emergency general and major colorectal surgery in Antrim Area Hospital, and high volume elective activity in Causeway Hospital.

For full details of all options considered and how they were assessed, please see our 'Considering the Options' [LINK] paper.

The outcome of our options appraisal is that our preferred option is Option 7: Centralise emergency general and major colorectal surgery in Antrim Area Hospital, and high volume elective activity in Causeway Hospital.

We believe this option provides the best configuration of emergency and elective surgery, maintains safe and effective care for our population, and provides a sustainable model for the future provision of surgical services in the Northern Trust.

Strategic context

The Department of Health report "Systems, Not Structures: changing health and social care, expert panel report" and "Health and Wellbeing 2026: Delivering Together" (2016) stated the need for transformation in how we deliver our health and social care services in Northern Ireland. Our population is evolving: demographic changes, particularly a growing and aging population with more chronic health problems and complex health needs means we have increasing demand for hospital based services. "The stark options facing the HSC system are either to resist change and see services deteriorate to the point of collapse over time, or to embrace transformation and work to create a modern, sustainable service that is properly

equipped to help people stay as healthy as possible and to provide them with the right type of care when they need it.” (Systems, Not Structures, page 11)

The Department of Health’s Review of General Surgery (2022) addressed the challenges of how general surgery in Northern Ireland is currently configured. In a modern environment with increasing surgical specialisation, new technology, capacity gaps within the current structure and an increase in demand, there is a real need to take action to increase capacity. We need to increase capacity, or there is a risk that we will not be able to meet the future needs of our population. “The current model for delivering general surgery in Northern Ireland is neither sustainable nor providing uniformly high-quality care. Going forward we need to ensure that the system is person centred with a focus on patient outcomes – with services structured around the needs of those who require care and treatment.” (Review of General Surgery, page 19)

Additional sources considered include:

- Northern Ireland Action Plan for Surgical Recovery 10 steps not 10 years, Royal College of Surgeons (2021)
- New Decade, New Approach (January 2020)
- Strategic Vision for Causeway Hospital (April 2024)
- Human Rights Act 1998
- Section 75 of the NI Act 1998 – A Guide for Public Authorities
- Trust’s Equality Scheme – reviewed and approved 2023
- Trust’s Equality, Diversity and Inclusion Policy
- Trust’s Disability Action Plan and Disability Equality Policy
- Trust Management of Change Human Resources Framework – vehicle to manage and effect changes at it relates to Trust staff
- Health and Social Care Workforce Strategy
- DHSS – Change or Withdrawal of Services; Revised Guidance on Roles & Responsibilities – DHSSPSNI- August 2023

The list is not intended to be exhaustive.

Data on each Section 75 equality group

In line with the ECNI Guide to the Statutory Duties and EQIA Guidelines, we drew data from a number of sources to help us prepare this EQIA.

We gathered population data from a number of sources, namely:

- Analysis of the resident population of NHST into Section 75 categories to determine who may need general surgery services in future. Statistical information was available from NISRA (including Census information from 2021, the most recent census for which detailed analysis is available).

- Analysis of the resident population of NHSCT into age groups aligned to ability to undertake day to day activities. Statistical information was available from NISRA (including Census information from 2021, the most recent census for which detailed analysis is available).
- NISRA mid 2018 population projections 2018 to 2043 (the most recent available split by Trust) aligned to age groups 65 years and over
- Analysis of service users for emergency surgery, elective colorectal surgery and high volume elective surgery for the year 1 April 2023 to 31 March 2024 by Section 75 equality categories available from Trust information systems
- Analysis of the staff group impacted by application of Option 5 into Section 75 categories compared to all Trust staff and analysis of the staff group impacted by application of Option 7 into Section 75 categories compared to all Trust staff

Table 1 Profile of Northern Health and Social Care Trust Resident Population

| SECTION 75 GROUP | NORTHERN AREA POPULATION (TOTAL POPULATION 479,265 from 2021 Census) |
|---|--|
| Gender | Female 50.83% Male 49.17% (2021 Census figures) |
| Age | 0 -15 16-24 25-44 45-64 65-74 75+ 19.93% 10.14% 24.72% 26.98% 9.78% 8.45% (2021 Census figures) |
| Religion | Protestant Roman Catholic Other None Not Stated 44.9% 31.9% 3.3% 18.4% 1.5% (2021 Census figures) |
| Political Opinion | Not collected |
| Marital Status (from a total of 383,747 people, children excluded) | Single Married Other 34.82% 48.80% 16.38% (2021 Census figures) |
| Dependent Status (based on 193,265 households, census 2021) | Households with dependent children 29.02% (2021 Census figures) |
| Disability (based on 193,265 households, census 2021) | Household with one or more persons with a limiting long term illness 44.63% (2021 Census figures) |
| Ethnicity | Arab - 0.05% Asian Other – 0.13% Black African – 0.22% Irish Traveller – 0.06% Roma – 0.17% Pakistani – 0.06% Filipino – 0.16% Mixed Ethnic Group– 0.58% Chinese – 0.31% White – 97.66% Indian – 0.38% Other Ethnicities – 0.14% Black Other – 0.08% |
| Sexual Orientation (from a total of 383,747 people, children excluded) | Heterosexual – 91.2% LGBTQ+ - 1.6% Not stated – 7.2% |

Source: Census 2021

Table 2 Northern Trust population split by age group and aligned to ability to undertake day to day activities

| Age | Day-to-day activities limited | Day-to-day activities not limited | Total |
|--------------|--------------------------------------|--|----------------|
| 0-15 years | 7,950 | 87,567 | 95,517 |
| 16-24 years | 5,627 | 42,976 | 48,603 |
| 25-29 years | 3,244 | 24,111 | 27,355 |
| 30-34 years | 3,756 | 26,266 | 30,022 |
| 35-39 years | 4,450 | 26,251 | 30,701 |
| 40-44 years | 5,207 | 25,199 | 30,406 |
| 45-49 years | 6,960 | 24,746 | 31,706 |
| 50-54 years | 9,192 | 25,451 | 34,643 |
| 55-59 years | 10,497 | 22,983 | 33,480 |
| 60-64 years | 11,221 | 18,214 | 29,435 |
| 65-74 years | 20,787 | 26,103 | 46,890 |
| 75+ years | 27,552 | 12,958 | 40,510 |
| Total | 116,443 | 362,825 | 479,268 |

Source: Census 2021

Table 3 NISRA mid 2018 population projections 2018 to 2043

| Age group | 2024 | 2034 | % increase |
|------------------|---------------|----------------|-------------------|
| 65-69 | 26,856 | 32,561 | 18% |
| 70-74 | 22,389 | 28,955 | 23% |
| 75-79 | 19,386 | 22,626 | 14% |
| 80-84 | 13,724 | 16,406 | 16% |
| 85-89 | 7,754 | 10,897 | 29% |
| 90+ | 4,182 | 6,084 | 31% |
| | 94,291 | 117,529 | |

Equality data of patients recorded in the year ending 31 March 2024

The dataset included from Trust Information Systems is split below into the three types of general surgery; emergency surgery, major colorectal elective surgery and /high volume elective surgery.

Table 4 Gender and age analysis from service users recorded in the period from 1 April 2023 to 31 March 2024

The Trust's current information systems do not routinely hold information on service users across the 9 equality categories. The table below details the information currently collected for surgery patients.

| Section 75 Group | | Emergency surgery | Elective colorectal surgery | High volume elective surgery |
|------------------|--------|-------------------|-----------------------------|------------------------------|
| Gender | Female | 2,636 | 90 | 506 |
| | | 52% | 41% | 51% |
| | Male | 2,465 | 132 | 479 |
| | | 48% | 59% | 49% |
| Age | 16-24 | 389 | 3 | 15 |
| | | 8% | 1% | 2% |
| | 25-34 | 453 | 6 | 57 |
| | | 9% | 3% | 6% |
| | 35-44 | 504 | 12 | 123 |
| | | 10% | 5% | 12% |
| | 45-54 | 671 | 18 | 159 |
| | | 13% | 8% | 16% |
| | 55-64 | 782 | 54 | 217 |
| | | 15% | 25% | 22% |
| | 65+ | 2302 | 129 | 414 |
| | | 45% | 58% | 42% |

The majority of service users of emergency surgery (60%) are aged 55 and over with three quarters of these aged 65 and over.

The majority of service users of elective colorectal surgery are aged 55 and over (83%) with almost three quarters of these aged 65 and over.

The majority of service users of high volume elective surgery are aged 55 and over (64%) with almost two thirds of these aged 65 and over.

45% of emergency surgery inpatients are recorded as over 65 years old in this year and 52% are recorded as female in this year.

For elective colorectal surgery, 58% of patients are in the over 65 age group in this year and 41% are female.

In respect of high volume elective surgery, 42% of service users were over the age of 65 in the representative year ending 31 March 2024. 51% of patients were female and 49% were male.

Profile of staff impacted

Two staffing profiles have been provided

1. Staff impacted by proposed option 5: Centralise emergency general and major colorectal surgery in Causeway Hospital, and high volume elective activity in Antrim Area Hospital
2. Staff impacted by proposed option 7: Centralise emergency general and major colorectal surgery in Antrim Area Hospital, and high volume elective activity in Causeway Hospital.

Table 5 details the profile of impacted staff by Section 75 for this option and this profile is compared with the profile of all Trust staff to identify any potential adverse impact on particular groups.

Table 5 Profile of impacted staff by section 75

| Section 75 Group | Category | Trust Wide 31.12.23 | | Option 5 | | Option 7 | |
|-----------------------------|--|------------------------|-------------|---------------------------|-------------|---------------------------|-------------|
| | | Number | % | Number | % | Number | % |
| Gender | Female | 12619 | 84.91 | 124 | 74.25 | 112 | 72.73 |
| | Male | 2243 | 15.09 | 43 | 25.75 | 42 | 27.27 |
| Community Background | Protestant/Perceived Prot. | 7320 | 49.25 | 56 | 33.53 | 66 | 42.86 |
| | Roman Catholic/ Perceived.RC | 5860 | 39.43 | 58 | 34.73 | 53 | 34.42 |
| | Neither/Perceived Neither | 1653 | 11.12 | 53 | 31.74 | 35 | 22.73 |
| | Unknown | 29 | 0.20 | 0 | 0 | 0 | 0 |
| Religious Belief | Buddhist/Jewish/Sikh* | 8 | 0.05 | * | * | <i>Please refer below</i> | <i>n/a</i> |
| | Christian | 3938 | 26.50 | 41 | 24.55 | | |
| | Hindu* | 24 | 0.16 | * | * | | |
| | Muslim* | 10 | 0.07 | * | * | | |
| | None | 886 | 5.96 | 10 | 5.99 | | |
| | Not Known | 9900 | 66.61 | 108 | 64.67 | | |
| | Other* | 96 | 0.65 | 8* | 4.79* | | |
| Political Opinion | Broadly Unionist | 1335 | 8.98 | 10 | 5.99 | <i>Please refer below</i> | <i>n/a</i> |
| | Broadly Nationalist | 690 | 4.64 | 10 | 5.99 | | |
| | Other | 994 | 6.69 | 11 | 6.59 | | |
| | Do Not Wish To Answer/Not Known | 11843 | 79.69 | 136 | 81.44 | | |
| Age | 16-24* | 758 | 5.10 | * | * | * | * |
| | 25-34 | 3051 | 20.53 | 46 | 27.54 | 29 | 18.83 |
| | 35-44 | 3753 | 25.25 | 51 | 30.54 | 40 | 25.97 |
| | 45-54 | 3631 | 24.43 | 39 | 23.35 | 36 | 23.38 |
| | 55-64 | 3092 | 20.80 | 22 | 13.17 | 32 | 20.78 |
| | 65+* | 577 | 3.88 | 9* | 5.39* | 17* | 11.04* |
| Marital Status | Single | 4578 | 30.80 | 50 | 29.94 | 51 | 33.12 |
| | Married/CP | 9055 | 60.93 | 104 | 62.28 | 94 | 61.04 |
| | Other* | 1056 | 7.11 | * | * | * | * |
| | Unknown* | 173 | 1.16 | 12* | 5.39* | 9* | 5.85 |
| Dependent Status | Yes | 3191 | 21.47 | 34 | 20.36 | 32 | 20.78 |
| | None | 2218 | 14.92 | 22 | 13.17 | 18 | 11.69 |
| | Unknown | 9453 | 63.61 | 111 | 66.47 | 104 | 67.53 |
| Disability | Yes | 267 | 1.80 | <i>Please refer below</i> | <i>n/a</i> | <i>Please refer below</i> | <i>n/a</i> |
| | No | 7950 | 53.49 | | | | |
| | Unknown | 6645 | 44.71 | | | | |
| Ethnicity | Black, Asian and Minority Ethnic Group | 204 | 1.37 | * | * | <i>Please refer below</i> | <i>n/a</i> |
| | White | 8076 | 54.34 | 75 | 44.91 | | |
| | Other | 30 | 0.20 | 14* | 8.38* | | |
| | Unknown | 6552 | 44.09 | 78 | 46.71 | | |
| Sexual Orientation towards: | Opposite Sex | 5560 | 37.41 | <i>Please refer below</i> | <i>n/a</i> | <i>Please refer below</i> | <i>n/a</i> |
| | Same Sex | 150 | 1.01 | | | | |
| | Same and Opposite Sex | 19 | 0.13 | | | | |
| | Do not wish to answer/not known | 9133 | 61.45 | | | | |
| Total | | 14862 | 100% | 167 | 100% | 154 | 100% |

**Please note: where individual category numbers are too small to report on, categories have been combined (indicated with a *) or a narrative has been provided below.

- Option 5 - Disability: Numbers are too low to provide individual breakdown. Vast majority of staff have answered 'no' followed by a similar number of 'unassigned'. There are staff members who have indicated 'yes'
- Option 5 – Sexual Orientation: Numbers are too low to provide individual breakdown. Vast majority of staff are 'unassigned' followed by a lower number indicating 'opposite sex'. A small number have indicated 'do not wish to answer' whilst an even smaller number have indicated either 'both sexes' or 'same sex'.
- Option 7 – Political Opinion: Numbers are too low to provide individual breakdown. The largest category is 'not assigned'. This is followed by 'do not wish to answer' and 'other'. Similar and low numbers are provided for 'broadly nationalist' and 'broadly unionist'. The 'broadly nationalist' category has marginally more staff.
- Option 7 – Religious Belief: Numbers are too low to provide individual breakdown. The largest category is 'not assigned'. This is followed by 'Christian' with a substantially smaller number of staff. A small number of staff have indicated either 'None', 'Muslim' or 'other' (listed in descending order).
- Option 7 – Disability: Numbers are too low to provide individual breakdown. The largest two categories with similar numbers are 'No' and 'Not Assigned'. A very small number of staff have indicated 'Yes'.
- Option 7 – Ethnicity: Numbers are too low to provide individual breakdown. The largest category is 'Not assigned' followed by a similar number of staff indicating 'white'. A small number of staff have indicated they are part of the Black, Asian or ethnically diverse category.
- Option 7 – Sexual Orientation: Numbers are too low to provide individual breakdown. The largest category is 'not assigned' followed by a similar number of staff indicating 'opposite sex'. A small number of staff have indicated either 'do not wish to answer' or 'same sex'. No figures are entered for the 'both sexes' category.

**It should be noted that the provision of equality information by staff is voluntary. All staff are encouraged to provide/record their equality information at recruitment stage and to update it during the course of their employment. Disclosure rates vary across the equality groups and should be taken into consideration when interpreting the data.*

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

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to current users of general surgery services.

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.

Human Rights

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 ensure that respect for human rights is integral to the implementation of this proposal.

Between men and women generally

For emergency surgery (52% female and 48% male) and high volume elective surgery (51% female and 49% male) the female/male split of patients in the representative year aligns to and reflects the female/male split of the Trust population as a whole (51%/49%).

There are slightly more male patients (59%) than female (41%) in elective colorectal surgery but it is not significantly disproportionate to the gender split of the Trust population as a whole (51% female and 49% male).

The Trust does not anticipate that this proposal will have any adverse or major impact on service users because of their gender. The Trust is committed to ongoing monitoring for any adverse impact.

Persons of different age

NISRA mid 2018 population projections 2018 to 2043, the most recent available that aligns to Trust areas, indicates that the over 65 population in the Trust geographical area is projected to increase from 94,291 in 2024 to 117,529 by 2034, indicating a growth of 24.64% over the next 10 year period. The number of people aged 65 and over is projected to grow by 49.2% by mid-2046. On average, in the Trust area, women live until the age of 82.7 and men live to the age of 78.4. This is slightly higher than the national average.

With the ageing population comes the prevalence of long term conditions. In the representative year ending 31st March 2024 the over 65 group makes up a significant percentage of elective colorectal surgery (58%). Older people are more likely to require elective surgery and therefore are more likely to be impacted by the

proposed shift in elective surgery provision to Antrim Area Hospital under option 5 or to Causeway Hospital under option 7. In respect of high volume elective surgery, 42% of patients were over the age of 65 in the representative year ending 31 March 2024.

Examining the age analysis for the period 1 April 2023 to 31 March 2024 it was noted that the majority of service users of emergency surgery (60%) are aged 55 and over with three quarters of these aged 65 and over.

The majority of service users of elective colorectal surgery are aged 55 and over (83%) with almost three quarters of these aged 65 and over.

The majority of service users of high volume elective surgery are aged 55 and over (64%) with almost two thirds of these aged 65 and over.

Older people who wish to visit family or friends may also be impacted by proposed service changes. The Trust will engage with older people and representative groups as part of the consultation. The Trust is committed to monitoring for any adverse impact.

Persons with or without a disability

The Trust will continue to make sure that the needs of each service user are fully assessed and that any special requirements are identified and will be taken fully into account when meeting their future needs. For both men and women the rate of disability increases with age. Women on average live longer than men therefore disability tends to be more common among women. It is estimated that between 17-21% of the NI population have a disability, affecting 44.63% households (Source 2021 Census) in the Trust area. The prevalence of disability amongst adults varies significantly with age. For those aged 75 and above, the prevalence of disability increases to over 68%.

We are aware that our proposal for the reconfiguration of general surgery between the Antrim Area Hospital site and Causeway Hospital site will mean that some of the population will have to travel further to access the service. This may present difficulties for people with reduced mobility. The Trust will engage with disabled people and representative organisations as part of the consultation. The Trust is committed to monitoring for any future adverse impact in relation to this proposal.

Persons of different marital status

There was no evidence to suggest that there would be any adverse effect for current services users on the grounds of marital status. The Trust is committed to monitoring for any adverse impact.

Persons of different religious belief

All of the Trust's general surgery services provide a welcoming environment where people from differing religious backgrounds are cared for together and necessary arrangements are made for clientservice users to practise 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.

Persons with/without dependents

12% of the Trust population are unpaid carers with 22% of the population aged between 44 and 75 years of age spending up to 50 hours a week delivering care giving.

The impact of the proposal on people with dependents is anticipated to be on carers. It is anticipated that many of the people who receive surgical services are visited by friends and family and the Trust is aware of the importance of regular contact between patients and their family and friends. The Trust is also aware of the impact of extra travel times and distance for those who currently accompany, or visit, people at Antrim Area Hospital and Causeway Hospital where services may shift in the future between these two locations. The Trust is committed to monitoring for any adverse impact and to on-going engagement with service users and carers.

Persons of different political opinion

All of the Trust's services provide a welcoming environment where people from differing community backgrounds are cared for together. There is no evidence to suggest that this proposal will have any adverse impact on the grounds of political opinion.

Persons of a different racial group

While the Trust does not routinely gather this information there is no evidence to suggest that this service reform will have an impact on the grounds of racial background. The Trust is mindful that there are increasing numbers of ethnically diverse communities living in its geographical area. The Trust has reviewed the requests from service users in general for interpreters from the Northern Ireland Health and Social Care Interpreting Services (NIHSCIS) over a twelve month period (1 April 2022 – 31 March 2023) which gives an indication of ethnically diverse users but, of course, will not capture those who are fluent in English or provide an interpreter from outside the NIHSCIS. The top three languages requested within the Northern Trust during 2022/23 were as follows:

Table 6 Top three language requests

| Language | Numbers |
|-----------------|----------------|
| Polish | 4398 |
| Romanian | 2954 |
| Arabic | 2713 |

Any specific cultural needs will be addressed in the proposed new service model.

The proposed changes may impact upon some ethnically diverse service users in terms of further travel distances and journey times for service users who do not have access to a form of transport. The Trust will continue to work with users and representative groups to monitor impact and ensure that ethnically diverse service users have access to Trust services. This will be particularly necessary in planning a communication strategy around this proposal so that ethnically diverse communities and the wider population are aware of any changes in the future provision of general surgery.

The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service for those whose first language is not English.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation, research would indicate that 10% of the population is lesbian, gay or bisexual. There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Mitigation of impact on current service users

The Trust fully accepts its obligation to take necessary steps to consider policy alternatives and mitigation, as an integral part of the EQIA process, in order to address any potential differential impact on current service users.

The Northern Health and Social Care Trust is committed to continually improving the quality of its services. The Trust's options are framed within the context of a number of strategic drivers directing the provision of health and social care in Northern Ireland.

The modernisation of our general surgery services will ensure that services are person-centred. Our service improvement and modernisation is based on best practice and we are committed to planning our services in partnership with service users and carers. The Trust wants to deliver the best outcomes for people who require general surgery by providing services that reflect the best evidence for general surgery care. Our priority is to provide the best care possible through a service that meets quality standards.

In relation to attending for elective surgery the proposed change of sites may have travel time and cost implications especially for older people and people with disabilities who depend on public transport or lifts from family/friends.

When required patients will be transported to the appropriate hospital by ambulance but we recognise that carers and families may be required to travel further.

For some patients it would also mean relatives are quite a distance away from patients and we recognise that this may be a long journey for people using public

transport. The Trust is mindful that visits from family and friends are an important part of a patient's recovery process.

The Trust does accept this will be a concerning time for the local population and that they will be worried about how safe the alternatives identified will be. The Trust has provided details of the proposed new arrangements to deliver safe pathways of general and emergency surgery.

The Trust is committed to offering local access to local patients for as many appointments as possible. The Trust will explore how pre assessment and post-operative clinics can be provided locally, particularly for those older patients and disabled people who do not have access to a car or public transport. Where possible telephone and virtual clinics will be facilitated however for some patients it must be recognised that face to face appointments in the hospital where they received or will receive their surgery will be the appropriate pathway.

The Trust is mindful that early appointment times can have an impact on older people and disabled people. The Trust will establish a process that allows such patients to discuss a more appropriate appointment time.

The Northern Ireland Ambulance Service provides non-emergency patient transport services for dependent patients to get to routine appointments at hospitals. This service is not available to everyone attending appointments, there must be a medical need for transport and the patient's doctor will then assess the medical need and decide if ambulance transport is required.

Eligible service users can avail of the Hospital Travel Costs Scheme – a scheme which helps people on a low income or income-based benefits who may be entitled to reclaim travel expenses for hospital treatment.

The Trust is committed to working with local communities and the voluntary and community sector to map out public transport services and work with transport providers. The Trust will liaise with the Northern Ireland Ambulance Service, local community transport organisations and rural communities throughout the Northern Trust area. The Trust will set up a rural transport task group to engage with transport providers and other departments and the voluntary and community sector to explore the availability and gaps in transport provision.

We know that people need clearer information from the start about the help they can get. We will ensure that available transport options are publicised centrally and Trust staff will support people to find out if they are eligible for non-emergency transport services and promote how patients may be able to get a refund on their transport costs.

Virtual visiting, through use of iPad technology, is a potential mitigation to address contact with families and friends instead of travelling to visit and incurring costs - the Trust recognises that this requires suitable and reliable internet/broadband connection.

In the context of an increasingly older population, we have developed a programme of reform to enhance and refocus our services for older people. This includes measures to strengthen home care provision, particularly in areas where it can be difficult to recruit carers.

During the consultation process the Trust will engage fully with groups representing those where potential impact has been identified.

The Trust has launched a vision document [Causeway Hospital – A Strategic Vision](#) which outlines the Trust's ambition to develop and enhance the Causeway Hospital. Both Causeway and Antrim Area Hospitals have a same day emergency care service, where patients can receive rapid assessment and diagnosis from a senior surgeon, and can often be managed appropriately without needing to be admitted to hospital overnight. This service will remain on both sites.

Listening events during the consultation process will provide the opportunity to learn more about the rationale for the change to general surgery services, the steps taken to keep all patients safe, and for people to give feedback.

Assessment of impact on current staff by Section 75 equality groups

The Trust recognises that this service reform 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 Human Resource 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.

The Trust will ensure that its engagement arrangements adhere to best practice principles governing consultation and are meaningful and inclusive of all staff affected and all Trade Unions in line with the Trust's Management of Change Framework. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

With regards to the information provided, the assessment of impact identified the potential for differential impact with regard to the following S75 categories: between men and women generally, age, disability and dependants by virtue of the makeup/profile of existing staff.

Between men and women generally

Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current Trust staff is 84.91% female and 15.09% male. The gender profile of affected staff for Option 5 is 74.25% female and 25.75% male and for Option 7 is 72.73% female and 27.27% male. Both options being considered have a disproportionately larger impact on male staff members.

Appropriate mitigating measures will be considered for staff directly affected including requests for flexible working in line with its Flexible Working Policy, Procedure and Toolkit to enable staff to reconcile their work and caring commitments.

Persons of different age

The age profile of staff working on the Antrim Area Hospital site and the Causeway Hospital site is largely reflective of the profile of staff as a whole shown at table 7.

Table 7 Staff age profile Antrim area and Causeway Hospital

| Section 75 Group | Category | Trust Wide 31.12.23 | | Option 7 | | Option 5 | |
|------------------|----------|---------------------|-------|----------|-------|----------|--------|
| | | Number | % | Number | % | Number | % |
| Age | 16-24* | 758 | 5.10 | * | * | * | * |
| | 25-34 | 3051 | 20.53 | 46 | 27.54 | 29 | 18.83 |
| | 35-44 | 3753 | 25.25 | 51 | 30.54 | 40 | 25.97 |
| | 45-54 | 3631 | 24.43 | 39 | 23.35 | 36 | 23.38 |
| | 55-64 | 3092 | 20.80 | 22 | 13.17 | 32 | 20.78 |
| | 65+* | 577 | 3.88 | 9* | 5.39* | 17* | 11.04* |

The Trust is mindful that as people get older they may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected. The Trust is committed to monitoring for any future adverse impact and will manage any staffing issues in line with the Trust's Management of Change Framework.

Persons with or without a disability

There is an overall low percentage of employees in the Northern Trust (1.80%) who have declared 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. There is no evidence to suggest that this proposal will have any adverse impact for current staff on the grounds of disability but, for staff who declare themselves as having a disability, reasonable adjustments will be made in line with related employment policies and good practice guidelines. The Trust is committed to monitoring for any future adverse impact and will honour its obligations with regard to the Disability Discrimination Act 1995.

Persons of different marital status

The marital status of staff working in the Trust as a whole is 60.93% married and 30.80% single which is reflective of the profile of affected staff. Option 5, affected staff group marital status analysis, is 62.28% married and 29.94% single. Option 7, affected staff group marital status analysis, is 61.04% married and 33.12% single. 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 and will consider any mitigating measures for staff directly affected.

Persons of different religious belief

The religious profile of all staff across the Trust is 49.25% Protestant and 39.43% Roman Catholic. Option 5, affected staff group analysis, shows a religious profile of 33.53% Protestant and 34.73% Roman Catholic. Option 7, affected staff group

analysis, shows a religious profile of 42.86% Protestant and 34.42% Roman Catholic. The Trust promotes a harmonious working environment for all staff regardless of their religious background. The Trust is committed to monitoring for any adverse impact.

Persons with/without dependents

21.47% of Trust staff have indicated they have caring responsibilities either for a dependant older person, a person with a disability or have dependent children. 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. The Trust is aware of the caring obligations associated with its female employees.

The Trust is committed to supporting working carers, acknowledging their significant contribution and recognising the potential impact on their work life balance.

The Carers Hub is a resource available to all staff and it provides support and guidance to staff who are carers. The Trust is a member of Employers for Carers through Carers UK. [Carers Digital](#) is a website that hosts all information together for family carers. Staff can also download the care co-ordination application, Jointly, for free, a self advocacy guide as well as many more links to local information and support for carers which is specific to the Trust area.

The Trust will consider any mitigating measures for staff directly affected including requests for flexible working options in line with the Trust's Flexible Working Policy, Procedures and Toolkit.

The Trust has a special leave policy which recognises that the lives of staff can be complex, acknowledges the varying and personal circumstances staff may experience and outlines how the Trust can support staff through different types of paid and unpaid leave.

Persons of different political opinion

While we have collected data for political opinion it is important to note that the majority of Trust staff did not wish to answer this question when surveyed or no data was collected at the time (79.69%). The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of political opinion.

Persons of a different racial group

Available figures indicate that the majority of staff members affected are white; option 5 showing 44.91% and option 7 not fully analysed as numbers are too low to provide individual breakdown. The largest category is 'Not assigned' followed by a similar number of staff indicating 'white'. A small number of staff have indicated they are part of the Black, Asian or ethnically diverse category. This is largely reflective of the overall average for all Trust staff (54.34%).

The Trust is committed to a welcoming working environment where all staff are treated with dignity and respect regardless of their ethnic background. 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 for any adverse impact.

Persons of different sexual orientation

The majority of Trust staff who answered this question on the staff survey have identified they are attracted to people of the opposite sex. It is important to note that the majority of people did not complete the question or indicated that they did not wish to answer this question. There is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of sexual orientation.

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, counselling, trying out posts and accessing occupational health support.

A communication strategy 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.

Any change to the provision of general surgery may impact on staff in terms of relocation to a new work site or redeployment to a different post. The Trust will work in partnership with Trade Unions to assess the impact on staff and to put robust mitigating measures in place.

The impact on redeployed staff will be managed through the Human Resources Management of Change Framework and appropriate consultation. There are systems in place to support staff through the changes such as the availability of retraining opportunities, consideration of redeployment options and eligibility for excess travel allowance payments, the latter addressing the economic impact of change of work location.

The Trust will ensure that its engagement arrangements adhere to best practice principles governing consultation and are meaningful and inclusive of all staff affected and Trade Unions in line with the Trust's Management of Change Human Resource Framework. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

Publication of the results of this equality impact assessment

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

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 service reform 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 a 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.


Our Vision

**We provide compassionate care
with our community, in our community.**

If you would like to give feedback on
any of our services please contact:

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