

# The Future Provision of Trust Urgent and Emergency Care Services

## Ards and North Down Area

### Equality Impact Assessment

## Alternative Formats

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- Large font
- Audiocassette
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- Main minority ethnic languages
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For provision of any of these formats please contact:

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## Contents

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Introduction to the consultation .....	4
Objectives and Key Factors used to identify the shortlisted options for consideration .....	11
Gathering Data on each Section 75 equality group.....	13
Profile of South Eastern Health and Social Care Trust Resident Population .....	14
Profile of North Down and Ards Trust Resident Population.....	16
Profile of staff working in Bangor and Ards Minor Injuries Units.....	18
Assessment of Impact on Affected Service Users by Section 75 Equality Groups .....	20
Publication of the Results of this Equality Impact Assessment.....	28
Monitoring.....	29
Freedom of Information Act 2000 – Confidentiality of Consultations .....	29

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## Introduction to the consultation

The Trust is presenting this Equality Impact Assessment (EQIA) for public consultation. This EQIA stands alongside our consultation document “The Future Provision of Trust Urgent and Emergency Care Services, Ards and North Down Area”. It considers potential impact on the equality and human rights of our service users and 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. This EQIA has been made available as part of a formal consultation and the Trust welcomes your views.

In the consultation document we describe the Trusts options, and consult the public on the service transformation itself. The Trust will have a period of consultation about this document and the EQIA.

The Consultation will begin on 08 February 2023 and will run until 03 May 2023

Copies of all our documents are available on our website: [www.setrust.hscni.net](http://www.setrust.hscni.net)

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## Why is there an Equality Impact Assessment?

In summary, the law says we must properly consider the need to promote equality of opportunity between:

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

These are called ‘Section 75 groups’ because the relevant law is section 75 of the Northern Ireland Act 1998. In addition, without affecting the above duty, we must help promote good relations between people of different religious beliefs, political opinions and racial groups.

The Trust must also prepare Equality Schemes, which among other things must set out our arrangements for assessing the likely impact on the promotion of equality of opportunity of the policies we adopt or propose.

When we publish the results of an EQIA, we must give details of anything that could reduce any adverse impact on equality of opportunity of the policies we propose. We must also give details of alternative policies that might better promote equality of opportunity.

We have followed procedures outlined in the Equality Commission for Northern Ireland’s (ECNI) ‘Guide to the Statutory Duties’, which it expands upon in its publication ‘Practical Guidance on Equality Impact Assessment’.

Among the considerations listed by the ECNI in favour of conducting an EQIA are:

- The service change proposed is significant in terms of its strategic importance;
- Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a service change about which there are concerns amongst affected individuals and representatives.

In keeping with paragraph 3.2.10 of our Equality Scheme, the Trust is committed to the following ‘*In making any decision with respect to a policy adopted or proposed to be adopted, we will take into account any assessment and consultation carried out in relation to the policy*’

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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 and from any consultation carried out in relation to this.

## **About the Trust**

The South Eastern Health & Social Care Trust was established on 1st April 2007 under the Northern Ireland Health and Social Services (Establishment) Order (Northern Ireland) 2006. The Trust Headquarters are located at the Ulster Hospital, Dundonald, and is one of 6 Trusts in total within Northern Ireland.

It was formed following the Review of Public Administration from an amalgamation of the Ulster Community & Hospitals Trust and the Down & Lisburn Trust.

The Trust is an integrated organisation, incorporating acute hospital services, community health and social services and serves a population of approximately 364,191 people with a budget of almost £850 million.

The Trust covers the local government districts of Ards and North Down Borough Council, Lisburn and Newry, Mourne and Down District Council.

The main hospital bases are: Ards Community Hospital, Bangor Community Hospital, Downe Hospital, Downshire Hospital, Lagan Valley Hospital and the Ulster Hospital. Community bases are located in many local towns and villages from Moira in the West to Portaferry in the East and from Bangor in the North to Newcastle in the South.

Alongside our commitment to delivering safe, timely, high quality and cost-effective care, our Trust has a higher purpose, to improve health and wellbeing and reduce inequalities by using our size as a force for good and working in partnerships with other organisations such as those responsible for housing and education. Delivering safe and effective services which are accessible and responsive to the needs of patients, clients and carers is central to the Trust's role.

The Trust acknowledges its responsibilities when buying services from other providers. The Trust will ensure that the obligations under Section 75 of the Northern Ireland Act 1998 will be reflected in contractual arrangements made with those providers.

The Trust also has the power to exercise statutory functions which embrace all the activities undertaken by the Trust including the recruitment/employment of its staff, financial arrangements, contracted-out services and staff training, maintenance of its

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property and the delivery and development of services, including the purchase of equipment and facilities needed to do this.

The Trust carries out its business in the following ways: -

- undertake assessments of needs
- developing strategies to address those needs
- setting and monitoring quality and performance standards
- carrying out reviews of service areas
- resource allocation and financial management
- setting service agreements with purchasers of care
- human resource management in relation to its staff, and
- corporate and clinical governance, i.e. ensuring safe practices.

## Background and Current Service Provision

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There are significant and increasing challenges with providing safe and sustainable urgent and emergency care services across the region of Northern Ireland and the South Eastern Trust continues to face extreme pressures.

It is clear that changes will be required to our existing model of urgent and emergency care to address these challenges and to deliver better urgent and emergency care services for the populations we serve. It is the Trust's ambition to address these changes, taking into consideration the most critical pressures that our services are facing whilst also ensuring that we continue to provide timely and appropriate access to urgent and emergency care services.

In considering the wider urgent and emergency care model for the South Eastern Trust, the Trust wishes to first address significant challenges facing urgent and emergency care services in the Ards and North Down area. This is because providing safe, sustainable and appropriate urgent and emergency care services to this area is becoming increasingly difficult. The Trust wishes to consider the future sustainability of urgent and emergency care services for the local community to ensure that our patients have access to the care they need, at the time they need it and in the right place, in order to achieve the best possible outcomes.

### What is Urgent and Emergency Care?

Current model of Urgent and Emergency Care:

- Type 1 Emergency Department at Ulster Hospital incorporating a minor injuries stream.
- Two consultant-led Type 2 Emergency Care Departments (currently temporary Urgent Care Centres) at Downe and Lagan Valley Hospitals.
- Two standalone Minor Injuries Units at Ards and Bangor (temporarily consolidated to Ards site in March 2020).



## Why Change is Needed

### Strategic Direction

- Regional reviews highlight the need for urgent reform of Health and Social Care
- Regional focus on improving Urgent and Emergency Care with the Review of Urgent and Emergency Care launched in 2018.
- 'No More Silos' Action Plan was developed to progress early findings from this review.
- Public Consultation on the Review of Urgent and Emergency Care in N.I concluded that there was broad support for the following proposals:
  1. Creating an integrated urgent and emergency care service
  2. Capacity, Co-ordination and Performance
  3. Intermediate Care, a Regionalised Approach

### Current Pressures

- Ards MIU is led by a small team of ENPs. Staffing challenges and capacity issues mean current service is limited.
- Ulster Hospital Emergency Department is facing unprecedented pressure.
- 115,000 attendances predicted in 2022/23 – future projections show demand will outstrip capacity within 2-3 years.
- There has been a 7.4% increase in attendances from 2018/19 – 2021/22
- Over 9,400 attendances per month

### Workforce

- The Trust is experiencing recruitment and retention challenges
- Ulster Hospital Emergency Department has a small team of specialist nurses but unfortunately limited staffing and inadequate accommodation means long waits for Emergency Nurse Practitioners (ENPs).
- Recruitment to Ards and Bangor MIU has proved challenging.

## Condition of Estate

- The current estate of the Ards Minor Injuries Unit is in need of major repair and investment.

## Ability to meet patient needs

- Ards Minor Injuries unit has capacity issues which mean not all those who contact the service and are eligible for appointment are able to be seen.
- Limitations with the standalone MIU service mean that not all minor injuries can be seen and treated on site and patients are required to attend Ulster Hospital Emergency Department.

Further information is available in the consultation document “The Future Provision of Trust Urgent and Emergency Care Services, Ards and North Down Area”

## Objectives and Key Factors used to identify the shortlisted options for consideration

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Taking into account the information above, the Trust has engaged with our internal stakeholders to consider a number of options for the future of urgent and emergency care services in the Ards and North Down area. Involving and listening to staff has been important when considering options for consultation.

In looking at options for the future provision of urgent and emergency care services in the Ards and North Down area, a range of factors including improving patient safety and clinical quality, accessibility, deliverability and resources have been considered.

The objectives of this service review, reflected in the key factors used for shortlisting options, include consideration of:

**Improving Patient Safety and Clinical Quality;** provide safe and effective Urgent and Emergency care services; support improved enhanced services; promote good clinical adjacencies; deliver improved patient experience and outcomes; provide an efficient and seamless service to the patient; support best practice working; provide a functionally stable environment for both patients and staff

**Accessibility;** provide accessible services for the Ards and North Down population.

**Deliverability, Sustainability and Effective Use of Resources;** be affordable and deliverable; improve sustainability of the workforce and reduce dependence on bank resource; maximise service efficiency flexibility and optimise resources; make efficient use of existing estate.

**Speed and Ease of Implementation;** speed of implementation; ensure minimal disruption to the delivery of services/maintain service continuity.

**Compatibility with Strategic Vision;** compliance with and ability to be broadly consistent with the strategic vision for Urgent and Emergency Care services.

The long list of options is detailed in the consultation document 'Future Provision of Trust Urgent and Emergency Care Services, Ards and North Down Area'

Whilst initially there was a long list of options considered for the future provision of urgent and emergency care, upon consideration of the key factors outlined, the Trust has concluded that there is only one option which could be clinically deliverable and viable. This is the option on which, through this consultation process, we are now seeking your views.

**Option 4. Implement a co-located and enhanced Urgent and Emergency Care service at the Ulster Hospital. Under this option, the existing stand-alone Nurse-Led MIU services in Ards and North Down would be relocated and consolidated with the existing minor injuries stream at the Ulster Hospital.**

The proposed model would offer enhanced access to both urgent and emergency care, through the remaining provision of 24/7 access to emergency care supported by 8am-6pm access to urgent care, including minor injuries, 7 days per week. The Trust would be aiming to extend the opening hours of the Urgent Care Centre in the future to 8am-8pm, 7 days per week, subject to adequate resources.

**Data on distance and travel time to potential alternative location**

<b>Location</b>	<b>Distance</b>	<b>Travel Time</b>
Bangor – UHD	8.4 miles	14 minutes
Newtownards – UHD	4.7 miles	8 minutes

Please note that it would not be possible to predict the starting location or route our service users may take to the Ulster Hospital Dundonald.

Distances and travel time for the purpose of this document have been calculated using [www.mapquest.co.uk](http://www.mapquest.co.uk)

## Gathering Data on each Section 75 equality group

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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 data from the following sources:

- 'Systems not Structures' (The Bengoa Report)
- Change or Withdrawal of Services: Revised Guidance on Roles and Responsibilities – DHSSPSNI – September 2019
- 'Health and Well-being 2026: Delivering Together (2016).'
- Urgent and Emergency Care in Northern Ireland: Population Health Needs Assessment Review of Urgent and Emergency Care 2022
- Review of Urgent and Emergency Care Services in Northern Ireland -Consultation report and strategic priorities October 2022
- Correspondence from Sharon Gallagher Deputy Secretary, SPPG 20.01.2023
- 'No More Silos' Action Plan
- SEHSCT No More Silos Business Case – May 2021
- Intermediate Care Project
- Analysis of current Minor Injuries attendances – Ulster ED, Ards MIU and Bangor MIU
- SEHSCT Executive Management Team Briefing Paper Urgent and Emergency Care 17 January 2023
- Analysis of the resident population of the SEHSCT into Section 75 Categories to determine who may need to access MIU services in future.
- Analysis of the staff group of MIU staff into Section 75 categories with comparator to all staff group in SEHSCT
- Equality Screening of Future of Urgent and Emergency Care Services in the South Eastern Health and Social Care Trust, Ards and North Down Area
- Human Rights Inquiry into Emergency Care 2015
- Analysis of Census 2011 population data

Therefore, in preparing this EQIA, we took into account data and research findings from a range of sources. Statistical information was available from NISRA and NINIS (including Census information from 2011, the most recent census for which detailed analysis is available).

## Profile of South Eastern Health and Social Care Trust Resident Population

SECTION 75 GROUP	Category	South Eastern H&SC Trust Area Population (TOTAL POPULATION 346,911) (2011 Census)
<b>Gender</b>	Female	51.25%
	Male	48.75%
<b>Age</b>	0 -15	20.56%
	16-19	5.32%
	20-29	12.28%
	30-45	20.09%
	45-59	20.07%
	60+	21.68%
<b>Religion</b>	Protestant	50.52%
	Roman Catholic	27.90%
	Other	0.82%
	None	14.65%
	Not Known	6.11%
<b>Political Opinion</b>	Broadly Nationalist	Data on this category is not routinely collected. Local council voting preferences are considered 2 out of 3 council areas return a unionist majority
	Broadly Unionist	
	Do not wish to answer	
	Other	
	Not known	
<b>Marital Status (Over 16 status 275,606)</b>	Single	31.7%
	Married	51.64%
	Divorced	6.01%
	Widowed	6.85%
	Separated	3.70%
	Other	0.1%
<b>Dependent Status (based on 136,698 households)</b>	Child or children	Households with dependent children 33.38%
	Dependant older	
	A person with disability	
	None	
<b>Disability</b>	Other/not known	66.62%
	Not known	Household with one or more persons with a limiting long term illness 19.82%
	No	
	Yes	

<b>Ethnicity</b>	Black African	0.1%
	Irish Traveller	0.04%
	Bangladeshi	0.06%
	Pakistani	0.04%
	Black Caribbean	0.03%
	Mixed Ethnic Group	0.35%
	Chinese	0.26 %
	White	98.50%
	Indian	0.25%
	Other	0.3 %
Other Black	0.06%	
<b>Sexual Orientation</b>	Opposite sex LGB&T Do not wish to answer Not known	Estimated 10% of population is LGBT 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

## Profile of North Down and Ards Trust Resident Population

SECTION 75 GROUP	Category	North Down and Ards Trust Area Population (2011 Census)
<b>Gender</b>	Female	51.54%
	Male	48.46%
<b>Age</b>	0 -15	18.97%
	16-19	4.78%
	20-29	11.46%
	30-45	19.77%
	45-59	20.69%
	60+	24.31%
<b>Religion</b>	Protestant	62.88%
	Roman Catholic	11.05%
	Other	1.01%
	None	19.11%
	Not Known	5.95%
<b>Political Opinion</b>	Not collected Local council voting preferences are considered	Data on this category is not routinely collected. Local council voting preferences are considered 2 out of 3 council areas return a unionist majority
<b>Marital Status (Over 16 status 124,925)</b>	Single	28.93%
	Married	53.46%
	Divorced	6.73%
	Widowed	7.37%
	Separated	3.41%
	Other	0%
<b>Dependent Status (based on 64,605 households)</b>	Households with dependent children	30.37%
<b>Disability</b>	Household with one or more persons with a limiting long term illness	20.08%
<b>Ethnicity</b>	Black African	0.09%
	Irish Traveller	0.01%
	Bangladeshi	0.11%
	Pakistani	0.06%
	Black Caribbean	0.03%



	Mixed Ethnic Group	0.35%
	Chinese	0.26%
	White	98.53%
	Indian	0.18%
	Other	0.11%
	Other	0.05%
<b>Sexual Orientation</b>	Not Collected	Estimated 10% of population is LGBT 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

## Profile of staff working in Bangor and Ards Minor Injuries Units

The table below details the profile of all staff by Section 75 group in the Bangor and Ards Minor Injuries Unit

This profile is compared below with the profile of all Trust staff to identify any potential adverse impact on particular groups.

Section 75 Group	Category	Total Trust Workforce Profile as at 31 October 2022	Ards and Bangor Minor Injuries Unit
<b>Gender</b>	Female	79%	100%
	Male	20.71%	0%
<b>Community Background</b>	Protestant	34.48%	69.23%
	Roman Catholic	21.33%	23.08%
	Neither	44.20%	7.69%
<b>Political Opinion</b>	Broadly Unionist / Nationalist or Other	6.00%	Not routinely recorded. Council Voting patterns have been considered
	Do Not Wish to Answer / Unknown	2.29%	
		8.13%	
		79.38%	
<b>Age</b>	16-24	7.95%	0%
	25-34	24.82%	0%
	35-44	23.91%	23.08%
	45-54	21.03%	24.25%
	55-64	17.65%	39.02%
	64+	4.64%	15.38%
<b>Marital Status</b>	Single	24.52%	7.69%
	Married / Other	47.26%	92.31%
	Divorced	2.06%	0%
	Widowed	0.46%	0%
	Separated	1.12%	0%
	Unknown	23.57%	0%
<b>Dependent Status</b>	Yes	24.13%	15.38%
	None / Unknown	75.87%	84.62%
<b>Disability</b>	Unknown	79.31%	84.62%
	Yes	1.03%	15.38%
	No	19.65%	0%

<b>Ethnicity</b>	Black, Asian and Minority Ethnic Group	1.51%	0%
	White	22.74%	23.08%
	Other	0.09%	0%
	Unknown	76.28%	76.92%
<b>Sexual Orientation towards:</b>	Opposite Sex	19.48%	15.38%
	LGBTQ+	0.05%	0%
	Do not wish to answer/not known	80.02%	84.62%

*\*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 on Affected Service Users by Section 75 Equality Groups

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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 Bangor and Ards Minor Injuries Units. As the proposal has not yet occurred some of the impacts are described as potential.

### **Between men and women generally**

All those receiving care in the Bangor and Ards Minor Injuries Units should receive individualised, respectful care whether they are male or female.

The population profile of the Ards and North Down area is 52% female and 48% male and is therefore broadly similar to the population of the wider South Eastern Trust.

Trust is aware of the potential for increased caring responsibilities for female users of the Minor Injuries Unit

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**

The profile of the potential users for Ards and Bangor Minor Injuries Unit is broadly similar with 20% of users 0-16 years of age and 60% over 30 years of age. Due to limitations with delivering a standalone Nurse-Led model, not all minor injuries can be seen and treated on one standalone site, with more complex cases and very young children required to attend another site to access or complete their care. The Trust has noted the age range of potential users of Ards and Bangor Minor Injuries. The Trust is aware that the proposal may have a minor potential impact on the age groups noted and commits to monitoring the service.

### **Persons with or without a disability**

The Trust must ensure its Minor Injuries Units are accessible to everyone. The profile of service users with a disability is broadly similar in the wider Trust Area and in Ards and North Down at 20%. The Trust is aware that not all disabilities are visible or declared.

The Trust has considered and will continue to consider the specific needs of its disabled service users as the potential proposal is implemented.

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. We are aware that the re provision of the Minor Injuries Unit Service may mean that some of the population may have to travel further to access the service. This may present difficulties for people with reduced mobility. The Trust is committed to monitoring for any adverse impact.

### **Persons of different marital status**

The Trust recognises that marital status is associated with poverty and is also mindful that between 20% and 25% of all families in Northern Ireland are one parent families.

There is however no evidence to suggest that there would be any adverse impact on any individuals due to this proposal. The Trust welcomes service user's partners at the Minor Injuries Units within clinical and infection control guidelines The Trust is committed to monitoring for any adverse impact.

### **Persons of different religious belief**

The Trust is aware that there may be a potential minor impact for potential service users from a mainly Protestant background, due to the 10% difference noted in population profiles. However, travel times to alternate MIU facilities will still be well within the acceptable guidelines (see table on page 12)

The Trust provides a good and harmonious, welcoming environment where people from all religious backgrounds are treated and necessary arrangements are made for clients to practice his/her religious beliefs. A 24-hour multi-faith service is available through the Trust Chaplain Service and the Trust will ensure that service users have access to prayers as required. The Trust is committed to monitoring for any adverse impact.

### **Persons with/without dependents**

Research shows that households caring for children or dependent adults have higher poverty rates and are at greater risk of multiple deprivation. There is no evidence to suggest that the proposal will have an adverse impact on this group. The Trust welcomes service user's dependents within clinical and infection control guidelines.

### **Persons of different political opinion**

The Trust does not routinely collect information on political opinion. Proxy information, such as religious affiliation and local council voting patterns is accepted as a reasonable indication of a person's political opinion.

Therefore, taking into account the above information, there may be a potential minor adverse impact on those service users from a Unionist Background.

As stated, all MIU facilities provide a harmonious and welcoming environment where everyone can be cared for together.

### **Persons of a different racial group**

The Trust is aware that a significant and growing number of patients and clients come from different ethnic backgrounds.

Any specific cultural needs are addressed during treatment. A Multicultural Handbook is available to support and advise staff. Face to face telephone interpreting services are available. Information leaflets are available in minority languages on request. Culturally diverse meals are available on request. Information on prayer is available for staff.

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. Any specific cultural needs will be addressed during the consideration of MIU services.

The Trust is committed to ensuring that its services are accessible to everyone.

### **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. All care is provided on an individual and non-judgemental basis

### **Mitigation of Impact on Current Service Users**

The Trust has carried out an EQIA on the proposed option and identified that there may be a potential impact on service users. In particular, the potential additional distance which service users may have to travel, as noted in the table 'Data on Distance and Travel Time to the Potential Alternative Location' on Page 12 of the EQIA.

However, the modernisation of our Urgent and Emergency Care Services will ensure that services continue to be person centred, fit for purpose and in the right place at the right time. Our service improvement and modernisation will be based on best practice and we are committed to planning our services in partnership with service users and carers.

In addition to an Urgent Care Centre, the proposed model of urgent and emergency care services for the population of Ards and North Down would also include, and be supported by, existing urgent care services across primary and secondary care including Rapid Access Assessment and Treatment Centres, Enhanced Care at Home, GPs (including

Multi-disciplinary teams), GP out of Hours service and community pharmacy. These services will continue to be reviewed in line with strategic direction for urgent and emergency care.

The Trust believes that this model of care will provide better care for our communities in a safe and sustainable way, providing access to the right level of care, in the appropriate setting first time, whilst ensuring the Level 1 Emergency Department at the Ulster Hospital can provide care for the sickest in our community.

Whilst the focus of the initial proposed change to the Trust's model of urgent and emergency care would be in the Ards and North Down area, it is important to note that this would be a first step to achieving better urgent and emergency care services at a Trust-wide level. The South Eastern Health and Social Care Trust is committed to continually improving the quality of its services. The Trusts options for improving serves are framed within the context of a number of strategic drivers directing the provision of Health and Social Care in Northern Ireland.

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 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.

The Trust has identified the following potential adverse impacts to service users of the preferred option:

- Will result in the permanent relocation of both MIU services at Bangor and Ards Community Hospitals
- The local population of Ards and North Down would be required to travel to the Ulster Hospital to access Urgent and Emergency Care Services.

The Trust has identified the follow mitigation for the preferred option:

- The Trust believes that this model will provide better care for our communities in a safe and sustainable way, providing access to the right level of care, in the appropriate setting first time, whilst ensuring the Level 1 Emergency Department at the Ulster Hospital can provide care for the sickest in our community.
- This would deliver increased clinical capacity for urgent care activity would also help the Trust to expedite care for those extremely sick patients requiring ED care. This is in line with the 'No More Silos' theme of 'Keeping Emergency Departments for Emergencies.'
- Will create an Urgent Care Centre on the Ulster Hospital site, co-located with the Emergency Department

- The proposed model would offer enhanced access to both urgent and emergency care, through the remaining provision of 24/7 access to emergency care supported by 8am-6pm access to urgent care, including minor injuries, 7 days per week. The Trust would be aiming to extend the opening hours of the Urgent Care Centre in the future to 8am-8pm, 7 days per week, subject to adequate resources.
- The Trust could consolidate the MIU services on the UH site to provide an enhanced minor injury service, whereby Doctors would work alongside an increased number of ENPs. Having this enhanced model on one acute hospital site would also allow patients to complete their care in one place, having access to diagnostics and a number of other medical infrastructures and pathways.
- In the short / medium term, the service would be located in the existing Emergency Department space at the Ulster Hospital site which will be vacant when the Type 1 Emergency Department Service relocates to the new ED in the Acute Services Block, Ulster Hospital. Longer term, subject to business case approval and capital investment, the Urgent Care Centre could be co-located within the new acute services block, providing an integrated Urgent and Emergency Care model.
- The Urgent Care Centre would be staff by highly skilled clinicians from a Multi-Disciplinary team, including ENPs, Advanced Nurse Practitioners, First Contact Physiotherapists, and Senior Medical staff.
- Consolidation of all three services on one site would enable the service to meet demand for minor injuries due to enhanced capacity.
- Enhanced diagnostic and imaging capabilities enable no restrictions on criteria by age for example more complex cases and very young children will not be required to attend another site to access or complete their care
- The Trust continues to develop its Travel Plan to try to meet the challenges of vehicle flow, access and car parking. This includes consideration of the provision of additional car parking spaces
- Model would provide an alternative pathway for service users with urgent but non-life threatening conditions.



## **Assessment of Impact on Current Staff by Section 75 Equality Groups**

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The Trust recognises that this service 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 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.

### **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 79% female and 21% male.

The workforce at the MIU sites is 100% female. 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.

### **Persons of different age**

The age profile of staff working in MIU shows that the majority of staff are over 35 years of age of these staff 54% are over 55 years of age. Therefore, there may be a potential impact on staff working in MIU services.

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.

### **Persons with or without a disability**

There is an overall low percentage of employees in the South Eastern Trust 1% who have declared a disability. The Trust has noted that 15% of staff in MIU services 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.

### **Persons of different marital status**

The marital status of staff working in the Trust as a whole is 47% married and 25% single. The majority of MIU staff 92% have been noted as being 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 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 34% Protestant and 21% Roman Catholic with 45% not declaring their community background. The current staffing profile indicates 69% Protestant and 23% Roman Catholic profile. Therefore, the Trust has identified a potential impact moreover the Trust will consider any mitigating measures to staff directly affected.

### **Persons with/without dependents**

24.13% of Trust staff have indicated they have caring responsibilities either for a dependant older person, a person with a disability or have dependent children. A total of 15% of MIU staff have declared caring responsibilities. We are 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 is aware of the caring obligations associated with its female employees. The Trust will consider any mitigating measures for staff directly affected.

### **Persons of different political opinion**

It is important to note that the majority of staff did not wish to answer this question when surveyed or no data was collected at the time.

Using proxy information and council voting patterns, the Trust considers that there is a potential minor impact for current staff on the grounds of political opinion as two of the three council areas return a unionist majority.

### **Persons of a different racial group**

Available figures indicate that the majority of staff members potentially affected are white. This is largely reflective of the overall average for all Trust staff, however the Trust notes a high percentage of staff for whom information is unknown. 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.

### **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**

We value and respect our staff and recognise that this proposal may potentially have an impact on our staff, who are our most valuable resource. The Trust commits to keeping our staff informed at every stage. We have engaged with our internal stakeholders to consider the options for the future of urgent and emergency care services in the Ards and North Down area. Listening to staff has been important when considering options for consultation.

The Trust recognises that this service 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 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's Management of Change Human Resource Framework provides a robust and transparent process for decisions relating to affected staff. We have systems in place to support staff through the changes such as the availability of retraining opportunities and eligibility for excess travel allowance payments.

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, for attending interviews, accessing counselling, accessing coaching 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.

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

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 Human Resource 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 Trust has identified the follow additional mitigation for the preferred option:

- The Trust's Management of Change Human Resource Framework provides a robust and transparent process for decisions relating to affected staff.
- Staff's individual and specific circumstances will be considered
- There is the opportunity for the ENP role and responsibilities to be expanded due to medical cover on site.
- Could be implemented quickly with minimal disruption to service delivery
- Option utilises existing estate and resources, minimising additional investment required

The Trust has identified the following potential adverse impacts to our staff of the preferred option:

- Resources would be consolidated at the Ulster Hospital – as a result, staff may potentially be impacted

## **Publication of the Results of this Equality Impact Assessment**

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The Trust invites views on these assessments and will consider all feedback received during the public consultation. Please see consultation document the Trust's website (<https://setrust.hscni.net/getinvolved/consultations/>).

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 intranet.

## Monitoring

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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.

The Trust's proposal will be kept continually under review following potential implementation via monitoring of Urgent and Emergency Care Centre/MI service and ED activity e.g. number of patients accessing the service, referral pathways utilized from service, ongoing recruitment, ongoing discussions with staff regarding career progression opportunities, expansion of current scope of practice for specialist nurses and work life balance considerations.

Also, patient and staff experience satisfaction questionnaires, complaints and compliments will be reviewed and monitored. The Trust will also consider the feedback from SEHSCT Communication and Engagement Plans around the proposal, including potential service user /public engagement and consultation events. 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

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The South Eastern 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 South Eastern Health and Social Care 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.